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On the outside looking in: the shared burden of domestic violence

Alison Clare Gregory

A thesis submitted to the University of Bristol in accordance with the
requirements for award of the degree of Doctor of Philosophy in the
Faculty of Medicine and Dentistry

School of Social and Community Medicine, August 2014

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Abstract

Domestic violence and abuse (DVA) is experienced by one in four women in the UK, and research suggests that most survivors will access support from people in their social networks. Support from these relatives, friends and colleagues has the potential to buffer against effects on the survivor's physical and mental health, and has been shown to be protective against future abuse. There has, however, been an absence of research directly studying members of survivors' networks, to consider how impacts of DVA might diffuse to affect *them*. The research undertaken fills this gap by exploring the impacts on the health and wellbeing of members of the survivor's social network.

A systematic literature review was undertaken, the generated themes from which formed the basis of a topic guide for qualitative interviews conducted with people in a variety of close relationships with a survivor. A thematic analysis of the narratives was conducted, and five major themes emerged: psychological & emotional impacts, physical health impacts, direct perpetrator impacts, relationship impacts and practical impacts. Not all of the impacts were negative, but it was generally clear that a great deal was being shouldered by adults close to the survivors, and that tolls were multifaceted, potentially profound, and often long-term.

Certain factors appeared to mediate impacts experienced, including the supporter's gender, the closeness of relationship between supporter and survivor, the severity of abuse experienced by the survivor, and whether or not the survivor had children. Participants also described the extent to which their experiences mirrored that of survivors, albeit to a lesser degree.

Currently there is little, if any, support available which is directly aimed at friends, family members and colleagues of survivors. These findings therefore have practical and policy implications, so that the needs of informal supporters are both recognised and met.

Acknowledgements

I would like to sincerely thank all the participants who very kindly took part in this research; it was an absolute privilege to have them share their experiences with me, and I was astounded by their willingness to explore even the parts of their journey that were difficult and painful. On the darker days of the PhD, their resilience and commitment was what kept me going, and indeed, will keep me going as I pursue this work.

I would also like to express my gratitude to a number of individuals whose support has been invaluable:

To Jean for inspiring me to embark on this piece of work in the first place

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To Sue Penna for supporting me throughout this process, and particularly for understanding how traumatic listening to *unhearable* stories can be.

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Thanks must also go to my family and friends: to my friends for covering me with prayer during the past four years, to my husband, Chris, for unswerving confidence that I could achieve this, and to my parents, Netta and Geoff, for choosing to see investment in their daughters' educations as an opportunity to invest in their futures – hope I've made you proud.

Dedication

I dedicate this thesis to Polly, a survivor who did not survive, and to Vicky whose support of Polly is a reminder of what humanity at its best can be - may your voices be finally heard.

I declare that the work in this thesis was carried out in accordance with the requirements of the University's Regulations and Code of Practice for Research Degree Programmes and that it has not been submitted for any other academic award. Except where indicated by specific reference in the text, the work is the candidate's own work. Work done in collaboration with, or with the assistance of, others, is indicated as such. Any views expressed in the thesis are those of the author.

SIGNED: DATE:

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Chapter 1: Introduction

This thesis reports findings from a multi-method exploratory study investigating the impact on the health and wellbeing of the social network of women who have experienced domestic violence and abuse. The research comprises two components: a systematic literature review and a qualitative study with adult participants who had a friend, family member, partner or work colleague who was a survivor of DVA. In this first chapter I introduce the context for the study, in particular the underlying justification for seeking to explore the impact of DVA on the adult friends and relatives of survivors. Key terms are defined, the concept of DVA explored, and the importance of the survivor's social network considered.

1.1 Defining key terms

Domestic violence and abuse

The defining of *domestic violence and abuse* is somewhat more complicated than it would first appear, with 40+ terms in the English language that capture at least part of the concept. Some terms appear to be more culturally specific, for example *conjugal abuse*, which is rarely used in UK research, whereas other terms are more widely used internationally, for example *intimate partner violence (IPV)*. A few terms appear to be era specific, with terminology using the word *battered* declining over recent years.

In 2013 the British Home Office defined domestic violence and abuse as:

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial & emotional.⁽¹⁾

This was a revised definition that contained several fundamental changes to increase both the breadth and the conceptual understanding of behaviours captured within the

description. Rather than referring to *adults* and specifying that this meant people aged 18 and above, an adjustment to the age was made to include survivors and perpetrators aged 16 and over. Using the age 18 as a marker had seemed rather anomalous, particularly because the UK age of consent for sex and for marriage (albeit with consent from parents) is 16, so IPV between those aged 16 to 18 had previously fallen into a grey area.

The former definition was also inadequate because it focussed solely on *incidents* (i.e. taking a crime-based approach which considers acts understood by law as criminal) rather than recognising that domestic violence is most usually a pattern of controlling behaviours. As Stark points out, the problem with taking an incident-based approach is that it trivialises the malevolent strategies of intimidation, isolation and control that are used to entrap people in abusive relationships, and which have a cumulative rather than an episodic impact.⁽²⁾ By mentioning the possibility of *incident patterns*, the modified definition goes some way to recognising this. In addition, *control* and *coercion* are explicitly mentioned in the definition and are provided with supplementary explanation as follows:

Controlling behaviour: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.⁽¹⁾

Coercive behaviour: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.⁽¹⁾

This, and the adjusted statement highlighting that abusive activities are not limited to those listed, help to broaden the scope of behaviours that can be considered abusive; a significant step away from traditional ideas about domestic violence, that pertained chiefly to incidents of physical violence, and recognition of the dynamics of power and coercive control that underlie the majority of abusive relationships.⁽²⁾

When I began this study, the previous Home Office definition was in place, but having recognised its limitations, I had from the outset already chosen to extend the definition for the purposes of this work. In actual fact, the definition of domestic violence and abuse I had developed mapped onto the revised Home Office definition.

It is important also to highlight the inclusion both of past relationships, and of a broad range of relationships that might connect survivor and perpetrator, as part of the definition for domestic violence and abuse used in this thesis.

Within the definition of domestic violence and abuse, it is understood that there will be overlaps with other concepts such as elder abuse and child abuse, dependant on the ages of survivor and perpetrator, and the type of relationship that connects them. It is also recognised that the definition automatically subsumes other concepts such as IPV within its broader encompassment. Figure 1.1 (below) illustrates how the varying concepts are related.

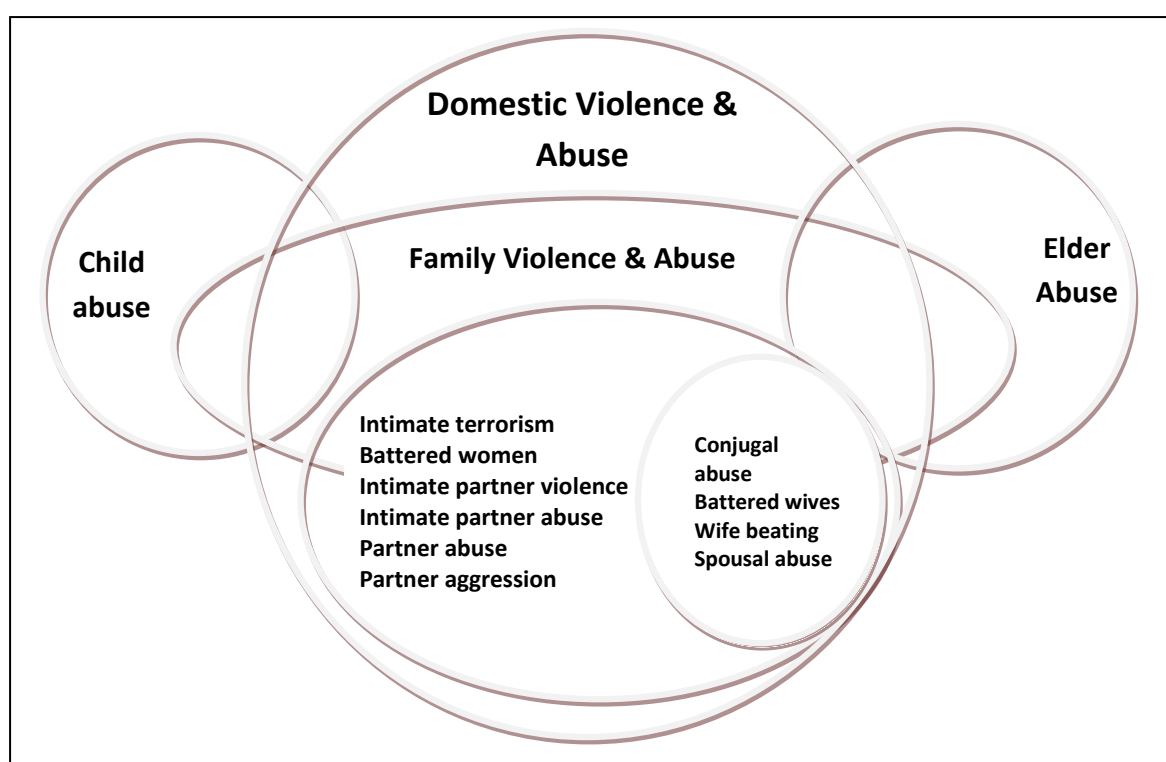


Figure 1.1 Overlapping concepts of abuse

For the research described in this thesis I purposefully chose to conceptualise DVA in the broadest form possible i.e. seeking any experiences covered by the Home Office definition, and including DVA which might appear in the areas of overlap shown in Figure 1.1 above. Thus experiences relating, for example, to DVA between adult family members who were not intimate partners, and to elder abuse where the survivor and perpetrator were or had been intimate partners, have been included within the remit. Experiences regarding the full spectrum of possible abusive behaviours have also been included, so cases where the survivor was killed have been incorporated (referred to in the text as ‘intimate partner femicide’ or ‘intimate partner murder’).

Within this thesis both for inclusivity and for brevity, when talking about domestic violence and abuse I will mainly use the acronym DVA unless, due to the context, specific terminology, such as IPV, is more appropriate.

Adult friends and family members

Defining *friends and family members* and describing who exactly belongs within this group seemed intuitively straight forward at the outset, but became much less so as the research progressed. More often than not, articles that spoke about *friends and family members* in the context of DVA (many of which will be referenced in Section 1.6, where the importance of the social network is described) did not define the group of people that were denoted by these terms.

Initially I had envisaged the community of interest as people aged 16 years and above, who were friends or blood relations of women experiencing DVA. Articles in the literature review challenged me to include: in-laws, step-families, neighbours, work colleagues and fellow residents in refuge settings. Professionals in the field flagged up previous and subsequent (non-abusive) partners of survivors, and *their* associated family members, as additional people of relevance.

Moreover, when it came to the findings of the qualitative interviews, the actual relationship type showed itself as important, so the most appropriate way forward was to use the terms *social network*, *network members*, *friends and family members*, and *friends and relatives* interchangeably to represent the full group of people this research

concerned, and to specify the actual nature of the relationship, for example *mum*, *current partner* and *work colleague* when the finer detail was significant.

General terminology

Throughout this thesis, I have chosen to use the term *perpetrator* when referring to a person who has committed abusive behaviours, except when the specification of the particular nature of the relationship to either the survivor or to the member of their social network adds an important dimension. In addition, I have purposefully chosen to use the term *survivor* when referring to a woman who is, or who has, experienced DVA, rather than the term *victim*. There has been substantial debate about the use of and the meaning of the terms *victim* and *survivor*; Williamson describes both terms as ‘*problematic*’ because of the cultural meanings attached to each.⁽³⁾ Use of the former has been seen as promoting the idea of *learned helplessness* in those who have experienced abuse⁽⁴⁾ with opponents suggesting that it is paternalistic and fails to recognise the agency of individuals.^(5, 6) Others have suggested that the term *survivor* fails to convey a sense of the *victimisation* that the individual has been subject to, and the ongoing impacts experienced even though the abuse has been survived.⁽⁷⁾

Within this research, the choice to use the term *survivor* was informed by Kelly’s ideas about individuals not being passive either at the time of assaults nor in relation to the consequences of abuse.⁽⁸⁾ I felt that the word *survivor* represents more empowerment; in acknowledging the agency of the individual, it recognises the resilience, ingenuity, resourcefulness and inner strength that it takes to endure and live through an abusive relationship.

1.2 Explanations for domestic violence and abuse

Having defined the concept of DVA, it is useful to briefly describe some of the theories that have emerged regarding our understanding of it. Some of the theories have evolved or become largely discarded, but consensus is elusive and ideas continue to be passionately debated. In general the disciplines of psychology, psychiatry and criminology have tended to use both individualist and systems approaches, whereas

sociology and social work have taken systems and structuralist based approaches.⁽⁹⁾ In the absence of a single all-explanatory theory, an overview of some of the main theories follows.

Individualist theories

Individualist theories are based on the understanding that social systems are comprised primarily of individuals.⁽¹⁰⁾ Regarding DVA, the assumption made is that the problem is located within the perpetrator and/or the survivor and that abuse is understood in terms of individual choices, characteristics, biology, genetics and pathologies.

Survivor-blaming explanations are perhaps the most commonly held among the public at large, and they collude with perpetrators' allegations of provocation. Often these explanations are built on surface-level assumptions about gender norms and what appropriate and acceptable behaviour is from each sex. Propensity to *blame* the survivor, even if not explicitly, has historically led researchers to seek explanations for the perpetrator's abuse in the character of the victim⁽¹¹⁾ – which at best has proved futile, and at worst has completely misplaced the responsibility for the abuse.

A related theory is that of perpetrator pathology where DVA is seen as *deviant* behaviour of psychologically unstable men. It is related to survivor-blaming explanations because it removes the responsibility from the perpetrator ("he can't help it"), but it is distinct because it shifts the focus from the woman to the man. From this perspective, researchers often focus on childhood and early traumatic experiences, viewing these as having influenced later patterns of behaviour, and thus compare perpetrators with control groups of non-abusive men; according to proponents of this view, men who are domestically violent and abusive are expected to differ from other men.^(12, 13) Contrary to these ideas, research by Gondolf and colleagues has indicated that a large proportion of perpetrators do not have poor mental health,^(14, 15) and questions remain regarding gender asymmetry in perpetration and the overall scale of DVA. In addition, proponents do not take into account the fact that most people with poor mental health are neither violent nor abusive.⁽¹⁶⁾

Other psychological theories view perpetrator behaviour not as *deviant*, but rather as a lapse of self-control. They take the view that all men have a propensity for anger that could lead to violence at moments when control is temporarily lost. A variant of this explanation, is the idea that dis-inhibition triggers abusive behaviours.⁽¹⁷⁾ In particular misuse of alcohol and/or drugs are said to lower or remove usual inhibitions, such that violence and abuse result, and certainly there is research that indicates association between substance use and partner violence.^(18, 19) In effect these theories assume a biological explanation for abuse, in terms of hormonal or chemical disruptions in the body, and indeed there are animal studies which show that males are more aggressive than females in many species.^(20, 21) Countering these ideas are descriptions of abuse reported by both survivors and by perpetrators that indicate the co-presence of abuse, intentionality and perpetrator control.^(2, 22-24) For example, some survivors describe the perpetrator harming them in particular ways so that injuries are easily hidden, or waiting until their actions will be unwitnessed by others. In addition, the focus is predominately on violent outbursts which, as the definition of domestic violence used by the Home Office conveys,⁽¹⁾ is only one part of the picture; the more insidious and controlling behaviours over the daily life of the survivor are much more difficult to reconcile with these theories. A possible middle-ground is the idea that substance use might not be a cause of DVA, but could play an exacerbatory role.⁽²⁵⁾

Another theory that was advanced in the 1970s to aid survivors by shedding light on the dynamics and impact of abuse, is that of learned helplessness.⁽²⁶⁾ It describes the mental state that results from enduring abuse, and the consequent inability or unwillingness of the survivor to avoid subsequent encounters. This theory has more recently been viewed as reductionist, in that it takes no account of the large number of social, economic and cultural factors which may lead a woman to remain in an abusive relationship, and fails to recognise that survivors are not in fact acting in a *helpless* way, but rather are actively engaged in trying to deal with the abuse, and are often persistent in seeking out support.⁽²⁷⁾ However, it is not to be disregarded completely, because it offers some clear ideas about the psychological impact on those who are victimised, and helpful insights into perpetrators' use of coercion to control their partners.

A further attempt to explain DVA, also based on learning theories, is the idea that violent behaviour and victimisation can be *learnt*, based either on biology, i.e. that it is genetically inherited, or more commonly, that it is learnt by exposure. From this social learning theory perspective, children are thought to learn behaviour by witnessing and imitating others, especially those closest to them. Research which found an increased risk of perpetration and victimisation for those who grew up in a home where they witnessed violence towards their mother⁽²⁸⁻³⁰⁾ is often cited as support for this view. Opponents point out, however, that the situation is much more nuanced than this, and that this perspective does not tackle the fact that the majority of abusers did *not* grow up in abusive homes, nor the fact that the vast majority of those exposed to DVA in childhood neither go on to become perpetrators nor victims.^(31, 32)

Systems theories

Systems theories study human behaviour and experience set within complex systems. They suggest that consideration of the individual, separate from the social systems of which they are part, offers at best a very partial picture. From these theories DVA is located in the interaction between partners or between family members, and ideas are couched in terminology that represents this, such as *abusive couple*, *family violence* and *dysfunctional relationships*.

To take a *family violence* or a systems approach is to see the family as a dynamic unit that is constituted of inter-reliant individuals, with the behaviour of each impacted by that of the others. Within this, violence is either seen as a sign of relationship dysfunction⁽¹⁷⁾ or as having a self-regulatory function to enable the continuation of the family as a whole, by returning it to homeostasis.⁽³³⁾

Researchers using a systems theory understanding of DVA tend to look at the communication, relationship and problem solving skills of couples, examining *violent couples* in relation to *non-violent* couples. One of the underlying assumptions is that of balance regarding abuse, with proponents citing research which shows men as equally likely to suffer violence within a partnership. Critics argue that examining rates of violence is insufficient to rule out asymmetry, that a more detailed knowledge about the

nature, extent and consequences of violence perpetrated and experienced by the genders is necessary.⁽³⁴⁻³⁶⁾ Indeed subsequent research points towards very different ways in which men and women use violence,⁽³⁶⁾ with the extent and consequences of that abuse also showing disparity to the disadvantage of women.⁽³⁷⁾ Opponents take this to indicate the need for an understanding which leans towards something beyond ideas of generic and bilateral conflict and disagreement, on which the systems and *family violence* approaches are based.

Structuralist theories

Structuralist theories look beyond the individual or the system in which they are based to external factors in the social structure at a macro level. Within this, DVA is seen as a social problem located outside the individual, and is viewed as residing within social, political and cultural structures. For example, the Istanbul convention on preventing and combating violence against women and domestic violence mentions the '*structural nature*' of violence against women and its use as a social mechanism by which women are forced into a subordinate position compared with men.⁽³⁸⁾

Some structuralist theories consider abuse within relationships as part of a more extensive violence that is intrinsic in western social structure,⁽³⁹⁾ with DVA being understood as a *stress reaction* to social circumstances such as poverty and unemployment.^(17, 40) However, studies also indicate the widespread nature of DVA, and have tended to show that it is not limited to those in particular social, geographical, cultural or socio-economic circumstances.⁽⁴¹⁾ This standpoint is criticised for failing to account for perpetration by those who are wealthy or privileged, and likewise the non-perpetration by the majority of people who are poor or disadvantaged.

Perhaps the most widely known structuralist theories are feminist ones, which highlight gender inequality and oppression, and suggest that DVA is a result of patriarchal social structures which promote male dominance. They propose that this imbalance at societal level is reproduced within the family unit when men exercise power and control over women, sometimes in the form of violence and abuse.⁽⁴²⁾ From this perspective, where the social system recognises as *normal* the subordination of women, men are viewed as

having entitlement to dominate and control,⁽⁴³⁾ and as Levesque points out, even today in some countries men still have the power to kill, imprison, enslave and punish their wives and children with complete impunity.⁽⁴⁴⁾ The Duluth Power and Control model⁽⁴⁵⁾ was developed with these ideas in mind, framing violence against women not as episodic, but rather as an expression of systematic male control, with abuse as intentional, and with the contention that rather than indicating a loss of control, that abuse is in fact an assertion of it.⁽⁴⁶⁾

Proponents point to research that shows higher prevalence of partner abuse in societies and cultures where men have more power, for example work by Levinson.⁽⁴⁷⁾ In fact, the World Health Organisation (WHO) report looking at the prevention of IPV and sexual violence against women, cites this evidence in support of the inclusion of *traditional gender norms* as a societal level risk factor for violence and abuse.⁽⁴⁸⁾

Perhaps the biggest criticism levelled at feminist theories of DVA has been that they do not appear to explain the whole story. Dutton, a particularly vehement contestor of feminist theory, challenges ideas of the prevailing victimisation of women by men, referring to research that indicates engagement of both partners in aggression, the magnitude of underreporting by men, and highlighting the higher rates of abuse in lesbian couples compared with heterosexual partnerships.⁽⁴⁹⁾ The concern Dutton raises is that even if men are victimised somewhat less than women and sustain less serious injuries, they are none-the-less being victimised and injured and that if social mandates are based solely on, what he considers to be, flawed feminist ideas, then there will be inequity in attempts to reduce victimisation.^(49, 50)

But Dutton's critique is largely based on quantitative data in the absence of illuminating qualitative data, with insufficient attention to *what* is actually happening in situations of abuse. Gondolf highlights the shortcomings of the research Dutton uses to attack feminist theory: that it lacks consideration of context, motive and consequences of violence.⁽⁵¹⁾ Gondolf points to counter-evidence from the Bureau of Justice which indicates men's disproportionate violence against women in the general population.⁽⁵²⁾ In addition, other research in the DVA field indicates the influence of gender in the experiences and meanings of violence as well as differing impacts regarding physical

health, mental health and fear.^(36, 37, 53) Work such as *'Who does what to whom'* and *'Domestic violence and sexuality'*^(54, 55) by Hester and colleagues has made detailed inquiries into issues of context, consequence and help-seeking and has indicated that experiences of DVA are indeed shaped by gender, in addition to sexuality and age (more about gender asymmetry will be covered in Section 1.4). This raises the idea of *intersectionality*, where the form that DVA takes and the impact it has are mediated by the intersection of individual demographics.⁽⁵⁴⁾

An ecological model

There continues to be fierce debate over explanatory theories and models of DVA, and Mankowski and colleagues point out that whichever model is used, there is the risk of missing significant complexities involved in abusive relationships.⁽⁴⁶⁾ Rather than considering these theories as competitors, the WHO has sought to acknowledge the complex and multi-dimensional nature of DVA by choosing a more integrated model which views DVA ecologically, and amalgamates evidence from all theoretical perspectives.⁽⁴⁸⁾ The model considers *risk factors* rather than *causes* at four different levels, which are nested as shown in Figure 1.2 and described in Table 1-1 below, and offers a framework for conceptualising the complex interplay between the many and varied factors that influence DVA, illuminating our understanding regarding opportunities for prevention and intervention.⁽⁵⁶⁾

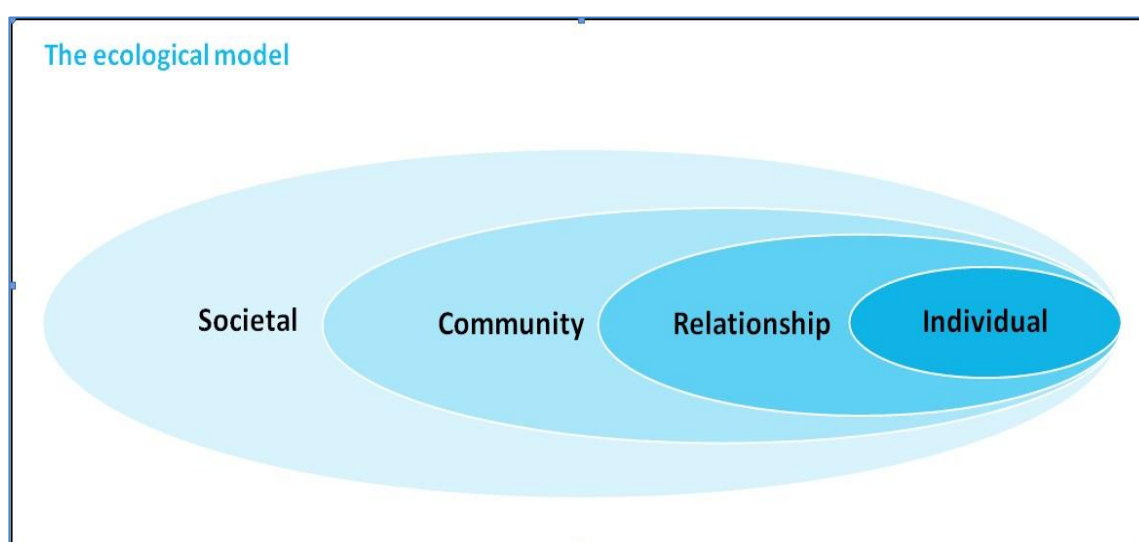


Figure 1.2 An ecological model of DVA

Table 1-1 Different levels within an ecological model of DVA

Model Level	Description
Individual	Includes biological and personal history factors that may increase the likelihood that an individual will become a victim or perpetrator of violence.
Relationship	Includes factors that increase risk as a result of relationships with peers, intimate partners and family members. These are a person's social circle and can shape their behaviour and range of experiences.
Community	Refers to the community contexts in which social relationships are embedded – such as schools, workplaces and neighbourhoods – and seeks to identify the characteristics of these settings that are associated with people becoming victims or perpetrators of intimate partner and sexual violence.
Societal	Includes the larger, macro-level factors that influence sexual and intimate partner violence such as gender inequality, religious or cultural belief systems, societal norms and economic or social policies that create or sustain gaps and tensions between groups of people.

One of the limitations of ecological models is that they do not give any indication of the relative weighting of the various contributing factors, which may be an almost impossible task given that each context of DVA will be unique, but this information is key in the relative allocation of resources to tackle DVA.⁽⁵⁷⁾ There is also something quite two-dimensional about the model because it builds around the individual, rather than explicitly acknowledging in layers that there may be more than one perpetrator and/or more than one person being victimised.

Positioning of this thesis with regards to DVA theories and explanations

My exposure to domestic violence through the relationships of my peers and through my work, in both researcher and counsellor capacities, has strongly influenced my views and understanding of DVA. I have met survivors who have been in one and in multiple abusive relationships, have listened to the experiences of male victims as well as female ones, and have spoken to victims of DVA where the perpetrators were female family members and not male partners. I have counselled female survivors who were far from

helpless, and have heard them tell of perpetrators with and without mental health difficulties and/or substance abuse problems. I have also met women who were clear that their own violence in their relationship was reactive and in self-defence, and those who were equally clear that theirs was not. To me, the theoretical model which seems to best cope with these levels of complexity is the ecological model⁽⁴⁸⁾ because it seems to embrace and not discriminate against the wide variety of situations that people experience, and it does not rule out the contribution of any of the factors that other theories propose, for example it includes the societal context to which feminist theory speaks. I consider this inclusion especially important because the research around the gendered nature of DVA is particularly compelling (covered later in this chapter, in Section 1.4). The framing of factors at each level as '*risks*' rather than *causes* in the ecological model also indicates to me a degree of optimism around the possibility of intervention, which I like; this fits well with the higher-level intention of my work to reduce risk by better supporting survivors. Of course, given that the particular research topic of this thesis is concerned with those in close relationships with a survivor, the '*relationship*' and '*community*' levels within the ecological model are specifically relevant to my work. For all of these reasons, this research is premised on an ecological model of DVA.

1.3 Context & prevalence of domestic violence and abuse

DVA is a problem of epic proportions; it is globally widespread,⁽⁴¹⁾ high in prevalence, chronic in nature and far-reaching in consequence; no age group, culture or socioeconomic group are exempt. The United Nations Development Fund for Women estimates that throughout the world one in three women will experience violence in their lifetime, such as beating, rape, or assault, and in most cases the abuser will be a member of her own family.⁽⁵⁸⁾ The WHO found that violence by a male intimate partner was widespread across all 10 countries it examined, regardless of culture and setting, and showed that for ever-partnered women, the range of lifetime prevalence of physical or sexual violence, or both, by an intimate partner was 15% to 71%.⁽⁴¹⁾ More locally, the

Office for National Statistics, in a report covering England and Wales, showed that during 2011/12, there had been 1.2 million female victims of DVA,⁽⁵⁹⁾ and the British Crime Survey reports that sufferers experience more repeat victimisation than victims of any other category of crime.⁽⁶⁰⁾ The reported rate in England and Wales for having experienced any type of DVA in the previous year is 7% for women with those aged between 16 and 34 at highest risk.⁽⁵⁹⁾

1.4 Gender asymmetry in domestic violence and abuse

The figures above are evidence that men can be victimised as well as women within family and intimate relationships, which prompts the question, why focus specifically on violence and abuse perpetrated against women? Part of the answer to this question relates to current debates about how we define abuse and measure prevalence for victimisation. Many studies still seek to establish quantifiable measures of frequency without recognising the importance of context and impact,⁽⁶¹⁾ even though there has been a growing realisation that the *experience* of police, health providers and workers in specialist DVA agencies simply does not match up with the population data.⁽²⁾ It is not that the data gathered is in itself inaccurate, and certainly it has uses at population trend level, but by inconsistent application of definitions for DVA across studies, by regular exclusion of people from surveys because they live in *institutional settings* (such as refuges, hospital in-patient units and hostels) who are actually likely to have had higher exposure to DVA,⁽⁶²⁾ and by ignoring anything other than absolute numbers pertaining to incidents, we fail to gain an understanding of what those figures might mean for impact, and thus also for service provision.

Dobash and Dobash⁽³⁶⁾ were puzzled by research with seemingly contradictory findings regarding the perpetration of violence within relationships, so studied 95 heterosexual couples, from a court mandated programme, asking both partners to report separately upon their own violence and upon that of their partner. Their results showed that women and men differed in terms of the nature, frequency, intention, severity, and consequences of abuse, and also in terms of the victim's sense of safety and well-

being.⁽³⁶⁾ They concluded that women's violence did not equate to men's and thus IPV should be seen primarily as an asymmetrical problem.

Similarly Miller and Meloy,⁽³⁵⁾ having researched women's use of force against partners, have argued that taking a gender-neutral criminal justice approach failed to contextualise incidents, in particular failing to distinguish between single acts of violence and patterns of violent and abusive behaviour. Their results indicated that actions leading to a woman's arrest were predominantly a *frustration response* or an act of self-defence, with most of the latter occurring whilst they were trying to get away from their partner during a violent incident or were trying to leave to avoid further violence, in particular when they perceived their children to be at risk of harm.

It would appear that whilst the overall figures of perpetration and victimisation provide solid headline information, they occlude the picture beneath that depicts a huge gender asymmetry in *what* is experienced. Research by Walby and Allen⁽⁶³⁾ reported 45% of women and 26% of men indicating at least one incident of DVA during their lifetime. They went on to show that when there were more than four incidents, in other words a likelihood of *ongoing* domestic or sexual abuse, 89% of victims were women. Internationally, the Canadian General Social Survey showed that whilst the annual prevalence of violence experienced was similar for women and men (8% and 7% respectively), that women were: sexually assaulted by a partner seven times more often than men, three times more likely to sustain a serious injury, five times more likely to require hospitalisation or medical attention, and that whilst 7% of men in violent relationships reported fearing for their lives, the proportion for women was nearer 40%.⁽³⁷⁾

1.5 The cost of domestic violence and abuse

Health costs

The Centers for Disease Control and Prevention, the WHO, and the UN identify violence against women as a major public health issue. Understandably, much research has been carried out to identify the physical, emotional and psychological impact on the women

who have experienced such abuse, and perhaps unsurprisingly, the research has found that DVA damages health.

The most obvious health consequence is acute physical injury, with 70% of DVA incidents in the UK resulting in injury (compared with 50% for incidents of acquaintance violence, 48% for stranger violence and 29% for mugging).⁽⁶⁴⁾ Less apparent, are the chronic health problems resulting from all types of DVA, not just physical and sexual violence. Pooled analysis of all the sites included in the WHO multi-country study found significant associations between lifetime experiences of partner violence and self-reported poor health, with an odds ratio of 1.6.⁽⁶⁵⁾ In particular, using the data from this study, Ellsberg and colleagues highlighted specific health sequelae for survivors, showing a raised likelihood of: difficulty with walking, difficulty with daily activities, pain, memory loss, dizziness, and vaginal discharge (odds ratios between 1.6 and 1.8). This evidence added to a picture of widespread physical health consequences, with previous studies having demonstrated links between DVA and gynaecological problems,⁽⁶⁶⁾ chronic pain and neurological symptoms,⁽⁶⁷⁾ gastrointestinal disorders,^(68, 69) and self-reported cardiovascular conditions.⁽⁷⁰⁾ In Australia, Vos and colleagues demonstrated that IPV is a greater risk factor for ill-health among women aged under 45 years than seven other major risk factors included in contemporary burden of disease estimates: illicit drugs, alcohol harm, body weight, physical inactivity, tobacco use, high cholesterol and high blood pressure.⁽⁷¹⁾

Pregnancy is a time of considerable risk in relation to DVA; abuse may begin or intensify during this period threatening maternal and foetal health.^(72, 73) Thirty percent of DVA has been shown to start during pregnancy,⁽⁷⁴⁻⁷⁶⁾ and research in Australia found that between four and nine women in every 100 are abused during their pregnancies and/or after the birth.⁽⁷⁷⁾ DVA during pregnancy has been identified as a cause of low birth weight,⁽⁷⁸⁾ miscarriage or still-birth,⁽⁷³⁾ and of maternal deaths during childbirth.^(74, 75)

Beyond physical health, there is substantial evidence for the harmful consequences of DVA on mental health, which can long outlast the abuse itself. The most common sequelae are depression, anxiety, post-traumatic stress disorder (PTSD), substance

abuse, and suicidal ideation.^(79, 80) A systematic review by Trevillion and colleagues showed odds ratios of between 2.77 and 7.34 for lifetime partner violence among women with depression, anxiety or PTSD, when compared to women with no mental health difficulties.⁽⁸¹⁾ In the multi-country WHO study, those who reported experiencing partner violence at least once, reported considerably more suicidal thoughts, and suicide attempts than non-abused women.⁽⁶⁵⁾

The most serious outcome of DVA is of course death, either at the hands of the perpetrator or by the woman taking her own life. On average, two women across England and Wales are killed by a male partner or ex-partner every week,^(82, 83) and the British Crime Survey for 2009/10 indicates that just over half of female murder victims aged 16+ were killed by their current partner, ex-partner or lover; the comparative figure for male murder victims was 5%.⁽⁸⁴⁾ Moreover, IPV has been recognised as a major risk factor for women's suicide; a greater risk than non-partner physical violence, ever being divorced, separated or widowed, and childhood sexual abuse.⁽⁸⁵⁾ Globally, the World Bank estimates that violence against women is as serious a cause of death and incapacity among women of reproductive age as cancer, and a greater cause of ill health than traffic accidents and malaria combined.⁽⁸⁶⁾

Financial costs

In addition to the devastating health and wellbeing consequences, DVA has been shown to have significant financial ramifications; affecting not only the woman and her family, but also having implications for society. Financial estimates regarding the cost of DVA include three major types of costs: (i) to services largely funded by the government (including the criminal justice system, healthcare, social services, housing, refuges and civil legal services), (ii) economic output losses sustained by employers and employees, and (iii) human and emotional costs borne by the individual victim. The overall cost to the UK was estimated in 2008 to be £16 billion annually, with a breakdown as follows: £3.86 billion of government funded services costs, £1.92 billion of economic output losses, and £9.92 billion of human and emotional costs.⁽⁸⁷⁾ The cost to the NHS within this (including hospital care, GP treatment, ambulances and prescriptions) was an

estimated £1.73 billion per annum,⁽⁸⁷⁾ almost 2% of the total NHS budget. In fact, the economic costs are so significant that even marginally effective interventions, have been shown to be cost effective.⁽⁸⁸⁾ Walby's work in 2009 showed that investment in DVA services had reduced both rates of DVA and the net overall financial cost to society (even though the costs of the DVA services had actually increased).⁽⁸⁷⁾ Despite this, current austerity measures in the UK have disproportionately impacted on specialised services in this area, with 31% of funding to the DVA and sexual abuse sector being cut by local authorities between 2010/11 and 2011/12.⁽⁸⁹⁾ If the investment in services led to a reduction in rates of DVA, the present disinvestment is likely to lead to escalation, not least because women are unable to access a viable alternative when they decide to leave the relationship; Walby reported that 320 women had been turned away by Women's Aid on a typical day in 2011 due to lack of space.⁽⁸⁹⁾

1.6 The importance of the survivor's social network

As Coker and colleagues point out, all of us are participants in social networks that are made up of complex arrangements of reciprocal, mutually supportive relationships to which we contribute and from which we benefit.⁽⁹⁰⁾ DVA research suggests that in the majority of cases, friends and family members did know about the abuse their loved one was experiencing or perpetrating,^(91, 92) and that most women in abusive relationships do indeed choose to access support from members of these networks.⁽⁹³⁻⁹⁵⁾ In a study by Parker and Lee, 89% of women who had experienced violence and abuse reported telling their friends and family and, whilst only three quarters of IPV survivors in Fanslow and Robinson's research had disclosed to anyone, 94% of the women who had told at least one person, had divulged the abuse to friends and relatives.^(93, 95)

Whilst a lot of survivors rely on friends and family alongside formal DVA services, there are also many women who rely initially, predominantly or exclusively on this informal support.^(95, 96) Because of the primacy given to friends and family members by survivors in terms of disclosure and on-going support, the responses, judgements and behaviours of these people have the potential to significantly help or harm the situation.⁽⁹²⁾

A study by Fry and Barker looked at the quality of relationships and structural properties of social support networks of female survivors of DVA, and found that it was a combination of network size and participants' satisfaction with their support network that mattered in terms of self-esteem, loneliness and emotional health.⁽⁹⁷⁾ Interestingly, participants reported higher levels of satisfaction with the support (emotional, practical, financial, guidance, and socialising) they received from close friends and co-workers than that from professionals, such as lawyers and social workers. Emotional, guidance and socialising support were the most common types of assistance provided by close friends, and the financial and practical help from family members was viewed by survivors as the most useful form of support.⁽⁹⁷⁾ Sylaska and Edwards, in a recent review looking at disclosure of partner violence to informal supporters, also found that survivors sought help from friends, but when it came to family members, it was particularly the female relatives whose support was utilised.⁽⁹⁴⁾ Neighbours, colleagues and classmates were also frequently informal supporters.⁽⁹⁴⁾ Unlike Fry and Barker, they found that it was particularly the emotional support received post-disclosure that was key in terms of the survivor's perception of a helpful response.⁽⁹⁴⁾

This same review found that whilst positive reactions to disclosures by survivors were common, women also described having received negative responses.⁽⁹⁴⁾ Further examples of unhelpful reactions were found in research by Trotter and colleagues who examined the range of possible reactions survivors might encounter from their social network regarding DVA. They found that whilst all their participants were able to identify at least one person in their social network who provided them with some type of support, 78% of survivors also described receiving negative and mixed reactions.⁽⁹⁸⁾

Social networks and the support they offer have long been recognised as valuable for health, and in particular have been highlighted as important determinants for ability to deal with stress, and for positive mental health.⁽⁹⁹⁾ Work by Coker and colleagues homed in on the triad of IPV, health, and the social network, and they established that a higher level of social support acts as a buffer against the effects of abuse on poor perceived physical health and poor perceived mental health (including anxiety, depression, PTSD and suicide attempts).^(90, 100) Additionally, survivor satisfaction with their support

network has been shown to be a potent predictor of self-esteem, emotional health, level of loneliness, and quality of life.^(97, 101) These effects are independent of the size of the survivor's network; having at least one or two individuals to rely on for various forms of support from tangible aid to emotional support, appears to be more helpful than necessarily having a wide circle of acquaintances, friends and relatives.

With regards to the impact of a positive social network on a woman's entry into or return to an abusive relationship, there is also some evidence to suggest that informal support can also act as a protective factor against future abuse.^(102, 103)

The Home Office have recently recognised the importance of involving family members in domestic homicide reviews, and that specialist support services are needed for this group of people.⁽¹⁰⁴⁾ They describe the benefits of participation both to relatives, to aid their understanding, grieving and healing following the death of their loved one, and also importantly to the review itself. Participation by family members humanises and contextualises the person who has been killed, and helps the panel to see the homicide through the eyes of those closest to the victim: this allows, at least in part, the voice of the victim herself to be heard. An appreciation of the valuable role that social network members can play is the result of campaigning work by the charity Advocacy After Fatal Domestic Abuse (AAFDA)^a which aims to help those left behind after fatal DVA, particularly supporting people to take part in the homicide review process. Whilst this describes something of the importance of considering relatives in the worst-case scenarios for DVA, there is clearly a case for more generally supporting members of survivors' networks, not only for the wellbeing of those people, but also as a strategy for the potential prevention of irreversible tragedy. Added to this, the National Institute for Health and Care Excellence (NICE), in their recommendations for research regarding DVA, recognise the importance of primary carers and family members, suggesting that interventions directly targeting these groups of people should be undertaken.⁽⁸⁸⁾

In summary, there is substantial evidence that women who experience DVA draw support from members of their social network and that, where this is a positive

^a AAFDA website: www.aafda.org.uk/

experience, there are benefits for physical health, mental health and safety. Further, the proactive consideration of these friends and family members as part of the wider context, in which the DVA is situated, has begun to be recognised at policy level in the UK.

There is, however, a large piece missing in this picture, because the direct study of survivors' social networks is in its infancy – the vast majority of research to date has relied on survivor report of interactions between themselves and those they know,⁽⁹⁴⁾ and has looked almost exclusively at the impact in one-direction, namely how interactions impact on the survivor. The only studies that have considered the picture from the network member's standpoint have been chiefly concerned with the role these people play and their willingness, or not, to be involved in the situation, rather than considering what the impacts on this group of people might be from finding themselves in the position of informal supporter to a survivor. ^(96, 105, 106)

Research in other fields, which considers informal carers of patients with conditions such as cancer, palliative care, heart failure and dementia, is much further ahead in terms of recognising both the role of relatives and friends, and the extent of the impacts on these people. In those areas there is guidance from NICE and the Department of Health stressing the importance of addressing carers' support needs,^(107, 108) and evidence which shows that interventions targeted specifically towards the needs of carers improve the wellbeing of this group, *and* potentially improve outcomes for the patient.⁽¹⁰⁹⁻¹¹²⁾ Within the field of DVA, however, there is a gap in our understanding of the impacts on those who are in the position of informal support provider to a survivor. In other words, we simply do not know what the physical, emotional and psychological toll is on the adult friends and relatives of women experiencing DVA. Hoff cites the pervasive influence of the medical model in western health and human service provision as part of the problem, because it takes an individualist approach; focusing predominantly on the distressed *individual*, rather than considering the wider group of which that person is a member.⁽¹¹³⁾ The concern is that people, beyond the survivor herself, may be experiencing significant effects including vicarious trauma, and that by this being largely unrecognised, these people remain unsupported.

What we do know, from related research conducted with children, is that violence and abuse have effects even if the child is not the direct victim but has a close relationship with the person experiencing it.⁽¹¹⁴⁾ That being an observer can be traumatic in its own right, with exposure linked to developmental problems and long term physical health, mental health, educational and social sequelae,⁽¹¹⁴⁻¹¹⁸⁾ and with chronic exposure being more harmful than single incident exposure.⁽¹¹⁸⁾ Likewise, it has been shown that repetitive abuse (for example, bullying) may affect those who are bystanders in similarly serious ways to those who are direct victims both at the time when events occur and indeed later in life.⁽¹¹⁹⁾ Charuvastra and Cloitre include not only *seeing* incidents as part of witnessing a traumatic event, but also hearing about them, and they describe the appraisal of an event as being *human-caused*, which is relevant for DVA, as being particularly traumatising for those who are witnesses.⁽¹²⁰⁾ Also, we recognise the potential for burn-out and vicarious trauma in adults who work therapeutically with those who have suffered trauma, but fail to see the impact that *informal* supporters of a survivor might experience.

Currently there is little, if any, support which is directly aimed at the social network of DVA survivors; the only UK wide service available to informal third parties is the National Domestic Violence Helpline which provides information, signposting and some listening support to this group as part of their wider service, with just under 7% of the calls they dealt with in 2013/14 from non-professionals connected with a survivor.⁽¹²¹⁾

Ultimately this research is the preliminary step of a longer-term vision to meet the needs of members of the social network of DVA survivors, so that not only is their wellbeing maintained and improved, but so that they, in turn, might be better able to provide direct support to the survivor:⁽⁹⁴⁾

Ending abuse is not only about specialized services delivered by trained professionals. It is perhaps more importantly about 'humdrum' cultural change in which everyone does things a little differently every day. ⁽⁹²⁾

1.7 Research aims

Research considering the perspective of the social network of DVA survivors is at a very early stage. The aims of this research were therefore exploratory, seeking to enlarge the picture around DVA by investigating the health and wellbeing impacts on the adult relatives and friends of survivors using systematic literature review and qualitative methods. This was necessary in order to establish a foundation from which support provision can later be developed.

1.8 Structure of the thesis

This thesis presents the findings of research undertaken between 2010 and 2014. Chapters 1 and 2 introduce the research undertaken; this first chapter provides a brief background to this study, including definitions, context and theories related to DVA, and a consideration of the importance of network members as part of the survivor's situation. Chapter 2 then sets out the theoretical assumptions that underpin this study, considering the ontological and epistemological standpoints from which the research has been conducted, and the influence of these perspectives on the choice of methodology and methods.

Chapters 3 and 4 comprise the first part of the research, describing the methodology, methods, and the findings from a systematic literature review exploring the impact on the health and wellbeing of the adult friends and relatives in the survivor's social network.

Chapters 5 and 6 cover the second study - qualitative interviews with people who had first-hand experience of being in the social network of a survivor. Chapter 5 describes the methodology and methods, and Chapter 6 describes the findings of a thematic analysis.

Chapter 7 is the final chapter of the thesis which draws it to a conclusion. It presents a summary of the key findings from the review and the qualitative interviews, examining some of the meta-themes that emerged from the different sources of evidence. It also

discusses the strengths and limitations of the systematic review and interview study, and makes recommendations for practice, policy and future research.

Chapter 2: Theoretical background

Research into the social world requires background assumptions, and all researchers make these, consciously or not.⁽¹²²⁾ These assumptions are about *what* we are really studying when we conduct social research and how we defend our claims to have produced knowledge.⁽¹²³⁾ In this chapter I explain the theory, beliefs and suppositions on which the research described in this thesis is based, both those which are intrinsic in me, and those which have been more purposefully *chosen* as appropriate in this research context.

2.1 Introduction

There is no single correct philosophical position that a researcher can adopt and conduct all subsequent research from.⁽¹²³⁾ Most often, applied social researchers start by making practical decisions regarding how to go about their research on the basis of the particular question they are attempting to answer. Of course, even by choosing to answer a particular question, they are implicitly drawing on their assumptions about the world and social research, but over-arching theory is rarely the primary consideration. Whilst it might not be the starting point for a researcher, it is nevertheless essential that the theoretical assumptions are surfaced so that the reader has an appreciation of the standpoint from which the research is conducted.⁽¹²⁴⁾

2.2 Ontology & epistemology

There is no looking without a pre-existing theoretical framework that tells us what to look for, what to expect. ⁽¹²³⁾

Ontology has been defined as the theory of existence or the science or study of being, and it asks the question “what is the nature of reality?” Blaikie extends these definitions of ontology to include: the claims that any particular approach to social enquiry can make about the nature of social reality;⁽¹²⁵⁾ a down-to-earth view that provides researchers with a concrete idea of why they need a philosophical perspective for their

methodology: that it would be impossible to consider what might count as relevant knowledge in the research process in the absence of a perspective on how people might exist in the world.⁽¹²⁶⁾ Linked with ontology is epistemology, which is the philosophical theory of knowledge concerned with what counts as knowledge, how we study the world, and it asks the question “what is it that we can claim to know?”⁽¹²⁶⁾ Epistemology and ontology are not independent, because our ontological understandings directly impact on what we deem to be knowledge. In fact by taking a particular ontological position the researcher necessarily rules out certain epistemological stances (and vice versa).

In research, the methodology (“how do we get to know?”) and the methods (“what practical techniques do we use?”) we use derive from our ontological and epistemological standpoint, thus as a researcher it is important to locate oneself ontologically and epistemologically so that the reader understands the taken position from which all else originates.

The following is a brief summary of major ontological and epistemological stances. It is important to note that the literature indicates a plethora of views about the possible standpoints and what they imply, an inconsistent use of terminology to represent the same or similar concepts, and often a lack of distinction between concepts.

Realism & objectivism

Ontological positions are often described as realist or relativist. Put very simply, realism (or positivism) takes a stance about the world that is law-based and predictable, and asserts the existence of a fundamentally *real* world which is out there, existing independently from human experience.⁽¹²⁶⁾ The epistemological standpoint that allies with a realist ontology is objectivism, which requires knowledge to be both observable, and testable in such a way that consensus infers the *scientific* nature of the knowledge.⁽¹²⁷⁾ As the name implies, objective findings that are free from human subjectivity and bias are sought, and information perceivable by the senses deemed as valid, whilst people’s thoughts and feelings are not. Challengers to this research position have questioned whether selective perception can ever be entirely absent.^(128, 129) This

standpoint places the researcher *outside* of that which they observe, looking in on the *real* world about which they hope to discover the *truth*.

Relativism, constructivism & interpretivism

Relativism (or subjectivism), on the other hand, posits that social reality and the world are relative, that there is no *real* world existing independently of human experience. It rejects direct explanation, arguing that the world is far more unstructured and diverse than realism allows. An epistemological standpoint in social research that is allied with this relativist ontology is constructivism. Social constructivism proposes that social phenomena are made to appear neutral, stable and independent of the speaker through discourse,⁽¹³⁰⁾ but that essentially social reality consists solely of the junctures of meanings by individuals who create (and recreate) their reality in relation to a process of '*ongoing symbolic interaction*'.⁽¹²³⁾ From this perspective the social world is not held as a real entity with objects and structures that pre-exist the researcher's observation, but is produced by people interacting with one another.⁽¹²⁶⁾ At its most extreme, it proposes that the nature of any entity would depend exclusively on someone's subjective awareness of it. Taking this radical a stance would present a huge quandary for researchers because it would effectively imply that any interpretation is as good as another, that theirs is simply one in a myriad of others that are equally valid and legitimate.⁽¹³¹⁾ A less extreme view is that social constructivism is still about the production of meaning, rather than objects or topics under scrutiny, but also values the researcher as having an important, yet not exclusive voice.

A closely related epistemology is interpretivism, which is a school of thought that emphasises the importance of interpretation as well as observation in comprehending the social world, and is viewed as an integral part of qualitative tradition.⁽¹²⁸⁾ As a standpoint, it places emphasis on the interrelatedness of the many and varied aspects of people's lives, taking a holistic view such that the significance of psychological, social, historical and cultural factors is understood in the shaping of people's understanding of the world.⁽¹²⁸⁾ There is much overlap between constructivism and interpretivism; both consider ways of understanding and interpreting human behaviour rather than

generalising, and seek to understand meaning, motivation, rationalisation and other subjective experiences which they consider to be bound by time and context.⁽¹³²⁾ Whilst there is much that unites constructivism and interpretivism, critics of interpretivism have argued that in its privileging of the individual's agency, it has paid little attention to the means by which social phenomena are created and embedded, ideas of fundamental concern within constructivism.^(124, 130)

Taking the commonality in these ideas, from this standpoint there is no unique truth for the researcher to discover, but *multiple truths* and, since the researcher also uses interpretation that is intrinsically subjective, their perspective is included and thus they are considered *within* that which they observe.

This is, of course, an over-simplification, and the reader would be right to think that there are continuums rather than dichotomies between these ontological and epistemological standpoints.⁽¹³³⁾

Critical realism

As a response to pure realist and relativist ontologies and epistemologies, critical realism is a third perspective that developed from ideas of '*Transcendental Realism*' and '*Critical Naturalism*' proposed by Bhasker in the 1970s.^(134, 135) This variant blurs the rudimentary realist/relativist distinction by retaining core elements of ontological realism, such that behaviour and experience are seen as products of underlying structures such as biological, economic or social structures. However, rather than viewing these structures as directly determining people's actions, it ascribes *tendencies* to these structures that *may* impact on our lives.⁽¹²⁶⁾ Thus the *potential* of structures is recognised as real, but the perspective steers clear of rigid determinism.

Within this standpoint, value is given to subjective accounts, which allows room for an interpretative approach in the pursuit of knowledge, deviating from more objectivist ideals.

Post-modernism

A fourth position is taken within post-modernism, a movement which rejects realist assertions of fundamental structures that produce a social world, and instead directs attention towards the use of language in the communication of knowledge.^(136, 137) Whilst this sounds like a brand of relativism, it is distinct because it takes an agnostic view towards the nature of reality, and thus makes exclusively epistemological claims. Many of the ideas in postmodernism, particularly around reflexivity, come from feminist research approaches⁽¹³⁸⁾ which attempt to address issues of power, not least within the relationship between the researcher and the participant.

Kuhn's critique in the 1960s and 70s regarding the nature of, and the assumptions made about, scientific progression⁽¹²⁹⁾ became a '*cornerstone*' of postmodern scepticism about the *truths* that science declares.⁽¹³⁹⁾ It challenged the prevailing views of science and knowledge at the time, which reflected Western Enlightenment thought and practice (*modernism*), and raised doubts about reality and representation.^(129, 140) Post-modern approaches to research emphasise that knowledge is relative and local, and rather than viewing people as individual, consistent entities, place emphasis on how differently people behave when in different circumstances.⁽¹³⁹⁾ Postmodernists, such as Foucault, also have something to say about the limited subject positions that are available to participants, and the limitations on the narratives that they are able to provide, within those that are dominant in society generally and, in any particular research context specifically.^(123, 141) In addition, the researcher is seen as wielding power in the way she is written into the investigation and in her role in the construction of knowledge, and this power is regarded as potentially dangerous.⁽¹⁴²⁻¹⁴⁴⁾ As a consequence, the centrality of researcher reflexivity is emphasised, in particular an articulation of how the researcher herself is part of the data construction – that her voice should not be heard over or above that of participants.⁽¹²³⁾

2.3 Research paradigm

Paradigms are basic belief systems based on ontological, epistemological, and methodological assumptions. ⁽¹⁴⁵⁾

Philosophical ideas of ontology and epistemology will potentially rule out certain methodological approaches on the basis of what types of knowledge are deemed knowable. In addition, from a pragmatic stance the methodology and methods in any study will necessarily depend on the aims of the research; what question you are trying to answer can rule certain methodologies in or out.⁽¹⁴⁶⁾

Methodological approaches originate from one of two paradigms, quantitative or qualitative, which represent very different ways of thinking about the world.⁽¹²⁶⁾ Traditionally there has been a large divide between the two, although in recent years it has become much more acceptable and commonplace to conduct multi-method studies using methodologies from both paradigms. Broadly speaking quantitative research subscribes to a realist ontology, in which the essence of all phenomena are empirical indicators which represent truth.⁽¹⁴⁷⁾ Qualitative research, on the other hand, has its roots in more relativist and critical realist positions, considering multiple realities that are socially constructed and thus changing constantly.^(126, 147)

The aim of quantitative research is to measure and analyse relationships between variables within a value-free framework, with large sample sizes to ensure representativeness, so that results can be generalised to wider groups. The emphasis of qualitative research methods is on process and meaning,⁽¹⁴⁷⁾ capturing in-depth understanding of people's experiences in order to provide fundamental comprehension of complex situations.⁽¹⁴⁸⁾ In qualitative research, fewer participants are included, but are chosen deliberately and carefully as people who can provide key information about a phenomenon, and maximum variation, in terms of the socio-demographic features of participants, is sought to try to ensure that the range of experience of a phenomenon is captured.⁽¹⁴⁸⁾ Within this paradigm the researcher and the participant are understood as being interactively linked such that findings are co-created within the investigative context.⁽¹⁴⁵⁾

There has been resistance to qualitative research in the past, with some scientific disciplines considering it to be second rate, unscientific, or entirely subjective, and thus writing it off as *soft* science.^(149, 150) The challenges levelled only serve to reinforce the difference in ontological positioning between quantitative and qualitative researchers,

with critics speaking from the presumed position of positivism, which has been privileged historically as the dominant tradition in western culture.⁽¹⁵⁰⁾

There has been a shift in more recent times, to allow for a fuller range of ontological positions to be both recognised and embraced within research. Qualitative research has thence not only been conducted alongside quantitative research to provide complementary information,⁽¹⁴⁷⁾ but also strongly holds its own as a means to explore people's experiences and understandings of their world in a way, and to a depth, that methods sanctioned by the quantitative paradigm could not.

2.4 Feminist theory & research

Historically, the accomplishment of research and the subsequent production of knowledge have been both dominated by men, and viewed as objective. Feminist theorists have called these conventions into question, recognising that knowledge is never neutral, apolitical or ahistorical. From this standpoint have come feminist research ideals, which are less about the development of new methods and more about the manner in which conventional methods are used, the areas focussed on, and the ways in which findings are employed.^(151, 152) Feminist research attempts to reduce what Bourdieu refers to as '*symbolic violence*'; the potential for disempowerment of participants within the research process through indirect cultural mechanisms.⁽¹⁵³⁾

Historically, the perception of feminist research, because of its discussions around power, was that it had a strong aversion to positivist standpoints. Whilst it is true that much feminist research has used social constructivist ideas and has rejected notions of research as value-free, the methodological debates within the field are certainly much more nuanced than this. Many feminist researchers make adjustments to existing methods, employing them in ways that more closely align with intrinsic feminist ideals, for example by introducing procedures that reduce power differentials between researcher and participant.

Some of the shared standards and principles of feminist research include:

- That women have been marginalised

- That power is relative (depending on gender, race, class etc.) and power differentials are perpetuated
- That, in society, males and females are considered physically and emotionally different, with men being considered superior
- That there is still a long way to go to establish gender equality
- That the relationship between researcher and researched requires serious reconsideration⁽¹⁵¹⁾

It is this final point that highlights the need to move towards research as a collaborative and non-exploitative endeavour, with an increased sense of identification between the researcher and those whom she researches.

Criticisms of a feminist research paradigm describe a lack of consensus about what it really is, because it lacks specificity.⁽¹⁵⁴⁾ Moreover, with the central belief that “all women are oppressed” comes a perhaps implicit assumption that women share a common lot, which clearly they do not when class, race, religion and sexuality are included.⁽¹⁵⁴⁾ Taking an intersectional perspective, researchers have proposed that other forms of oppression be included, not purely sexism, within the concerns of feminist research.^(54, 155)

An additional challenge that researchers face is that whilst trying to engage in more egalitarian principles in the conduct of research, they can never entirely remove the power they hold unless they conduct participatory action research (PAR).⁽¹⁵⁶⁾ For other methodologies, the researcher almost always takes the view of analyst, re-interpreting the voices of others, and thus continues to have the louder voice.

2.5 The theoretical background to this thesis

The aim of this study was to explore the experiences of friends and family members of DVA survivors, in particular, how being alongside an abusive relationship had impacted on their lives, and thus it was crucial that the approach chosen would allow the voices of participants to be clearly heard and valued. This was an exploratory study in pursuit of in-depth information, so a qualitative paradigm of inquiry was appropriate. Rather than

viewing human behaviour and experiences as reducible to quantifiable data, this paradigm values the complexities and intricacies which I felt were crucial to investigate this topic well.⁽¹⁴⁹⁾

I rejected taking either a pure realist or relativist stance, and instead conducted the research built on the premise that there is something *real* to be known about the experiences of friends and family members of DVA survivors that is sufficiently constant, but that the exploration is mediated by a multitude of social and cultural lenses worn by participants and by the researcher – ideas which are most closely aligned to a critical realist perspective. This standpoint recognises the structural elements to reality whilst respecting agency; it suggests that rather than the social world being fixed and static, that people have the ability to shape their world and perceive it in unique ways, all of which add to what can be known. In order to study people's experiences and behaviours, I needed to focus on their understanding and interpretations of the world,⁽¹⁴⁷⁾ but I also considered there to be different ways of seeing the world and viewed knowledge as co-constructed between researcher and participants, which nods to both interpretivist and constructivist epistemologies.

Furthermore, I hold the belief that the researcher can never truly regard the research from an external standpoint, or be independent at any stage of the process. I agree with Greenhalgh who speaks about the inconceivability of conducting qualitative research with '*no views at all and no ideological or cultural perspective*'.⁽¹⁴⁹⁾ I also advocated the participants as *experts* of their own situation, whilst recognising the skills and expertise of the researcher to look across cases. These ideas fit with a critical realist perspective because the researcher's perception is included as one of the unique ways to view the *real* world, with postmodernist ideas on caution around viewing the researcher's voice as superordinate and the need for reflexivity to counterbalance this, and also with social constructivist views about research being a joint endeavour.

Regarding the analysis of the qualitative interviews, I took an interpretative abductive approach; one that neither regarded the data with strong presupposed theory and framework (a deductive, *top-down* approach), nor one that sought to ground itself firmly in the data with a bracketing-off of what was already known (an inductive,

bottom-up approach). This abductive approach sanctioned fluidity, a moving between data and former ideas, which allowed me to acknowledge thoughts of what I might find and even to impose a loose framework, and yet encouraged me to remain surprised and challenged by unexpected discoveries in the data, and to adjust my ideas and frameworks accordingly. I took this approach because my interest was to understand experience that was situational rather than seeking to generalise, but I came to the analysis having already conducted a literature review that supplied a topic guide for the interviews, hence the interpretation could not be purely inductive.

With a background in DVA research and counselling, I came to this study already embracing many feminist ideals, with a strong intention to contribute to the improvement of women's lives. The focus of the study, was not however solely the experience of women, but included the experiences of men too, albeit in relation to a topic around which there is gender asymmetry.

Regarding methodology and methods, some feminist researchers^(157, 158) tend to adopt more unstructured styles in participant interviews so that the power balance is more equal, i.e. the researcher is not steering the interview and agency is conveyed to participants such that they are able to describe their experiences in an uninhibited way. In this study, there was a need to balance these ideals with the very pragmatic need for structure in order to answer a specific research question, both to satisfy funders but also to provide tangible recommendations to inform future service development. I managed these tensions by walking a middle ground, for example, whilst a structured topic guide was prepared, I routinely departed from a rigid adherence to it, following closely the meandering path my participants took, and only returning to the guide at the end of the interview to check whether all intended areas had been covered.

The findings presented are what I perceived to be of greatest relevance and import in answering the research question. My view is a subjective one, so unavoidably my own beliefs, experience and culture have had influence. As such, the findings are not to be considered as *objectifiable truths*, but rather as an interpretation, coloured by all the characteristics, context, experience and beliefs that I, as the researcher, bring to the study.

In summary, the methodology and methods adopted for this thesis were informed by critical realist ontology and a mix of epistemological ideas acknowledging, in part, the ideals of social constructivism, interpretivism, postmodernism and feminism.

2.6 Personal reflexivity and ‘positioning of self’

Health researchers are not usually concerned with their own experiences but rather with attending to the experiences of others.⁽¹⁵⁹⁾ However, as mentioned above, the standpoints of both postmodernism and feminist research take a view of research as relational, inevitably including and expressing the orientation, values, traditions, and personal qualities of the researcher, and thus part of ensuring the rigour of this research necessarily includes both reflexivity and self-disclosure by the investigator. ^(128, 160)

Etherington speaks about reflexivity as an ability to *‘notice our responses to the world around us, other people and events, and to use that knowledge to inform our actions, communications and understandings’*.⁽¹⁶¹⁾ It is an invitation to look inwards as well as outwards⁽¹²⁶⁾ and to reveal our *hidden agendas*.⁽¹⁶²⁾ Willig is clear that our reflexivity should not simply be in relation to our epistemology, but actually that a degree of personal reflexivity is necessary.⁽¹⁶³⁾ A researcher without such skill will understand little of how their self will influence every part of the research process, from deciding to be a researcher at all, to the topic chosen, the questions asked (and not asked), the methodology and methods chosen, the data selected, the interpretations made, the shaping of research findings, and the dissemination.

Part of this reflexivity involves an active and transparent noticing by the researcher as she journeys through the research process, and a commitment to openness in the sharing of the process with the reader – though there is great variation in how this looks in practice.⁽¹⁶²⁾ For my part, this has included making detailed fieldnotes as a form of research diary to capture my reflections on: the context, the interview process itself, my thoughts about participants and the relationship created between us, and an exploration of my feelings resulting from the process and the information disclosed. In addition, I undertook a form of supervision throughout the research that was akin to clinical supervision, both in order to help me explore my own response and reactions to

the research, and to protect my wellbeing in the face of distressing material. Both of these practices, helped keep me alert to the lenses I was viewing the research through.

Beyond this, I think it is important to give the reader a brief description of myself from the outset, so that the reader can appreciate my potential biases and how my experience, knowledge and beliefs would inform the study.⁽¹⁶¹⁾ Thus what follows is an attempt to position myself in relation to this research:

My interest in DVA began after university. As part of my degree I had studied psychology, and took the first step of my career in the mid-1990s to work as a nursing assistant in a mental health unit. There I quickly discovered that all the exciting and person-centred treatments and therapies I had learnt about, were not the real-life experience of those sectioned on the wards; that the medical model seemed to predominate, and actually talking to people was relegated to the perfunctory. I never colluded with this, remaining shocked by what I considered to be rather brutal and neglectful treatment of patients, because it was counter to my core Christian beliefs about the fundamental worth of individual human beings. Perhaps unsurprisingly, looking back, patients gravitated towards me as someone who would listen to their experiences and offer compassion, even without having anything particularly therapeutic to offer. It was within these walls that I met Mandy^a who had escaped an abusive marriage and subsequently been sectioned for attempting to harm herself. Little by little the details of her abuse became known, and it horrified me. I had grown up in a stable home with a happy childhood, and my only knowledge about abuse within families had been gained from television fiction and from ChildLine campaigns. Mandy's abuse had been so much more than the prevailing picture of DVA portrayed at the time; far beyond the black eyes and slaps depicted. Mandy then began what was to become a further abusive relationship with another resident at the unit, and I saw first-hand how DVA can be perpetuated.

After a number of years working in the NHS and for the police in roles related to health and crime, but far removed from DVA, I decided to retrain, and studied to become a

^a Name has been changed

person-centred counsellor. It was my first ever client, with whom I re-encountered DVA; Lucy^b suspected she was being poisoned by her partner and his family. Her experience was contrary to many of the misconceptions commonly held about DVA; Lucy was middle-class, she was a health-professional with work-related knowledge about abuse, and the abuse she was experiencing was not overt physical violence but something much more subtle. Initially she had a strong desire to maintain the relationship, and had a profound sense of disbelief about what was happening to her and the potential danger she was in. We worked together over several months, and she left the relationship, regained her self-confidence and rebuilt her life. When my training finished I started counselling in primary care but felt that I wanted to do something related alongside, so when the opportunity to work on a research study evaluating an intervention to improve primary care clinicians' responses to DVA survivors presented itself, I jumped at the chance. I have continued to work with a dual role as counsellor and researcher, although my counselling practice has moved out of general practice settings and into a women's refuge. My particular interest in the friends and family members of survivors came about, in part, from a wider concern that I have about the under-recognition of vicarious trauma, but also from seeing a colleague's distress as she journeyed alongside a family member in an abusive relationship.

In terms of personal demographics, I am female, white, British, heterosexual, married with no children, in my early 40s and I have a strong Christian faith.

These experiences, my demographics, my character and my beliefs combine to make me someone who is motivated by a sense of responsibility to see change in this world. Thus, I was not only keen to listen to, understand, and reflect upon the experiences of those impacted by DVA, in order to produce knowledge, but felt strongly that the research conducted should have intentions of knowledge mobilisation; that the knowledge produced should inform policy and service provision. Accordingly, the discussion will include recommendations for the application of research findings, and suggestions for the forward research trajectory.

^b Name has been changed

2.7 Chapter summary

In this chapter I have outlined the principle theories, beliefs and suppositions on which the research described in this thesis is based. Consideration has been given to ontology, epistemology and methodology, with particular emphasis on self-disclosure so that the reader can *locate* the author. In the next chapter, the importance of these foundational ideas is apparent as the methods for the systematic literature review are discussed.

Chapter 3: Systematic literature review: rationale & methods

This chapter describes the methods used in the first of two pieces of research reported in this thesis – a systematic review of the literature concerned with the impact of DVA on members of the survivor’s social network. Following a description of the rationale behind this approach, the methods are explained in detail, concluding with strategies employed to test the rigour and validity of the methods.

3.1 Rationale for systematic literature reviewing

Mulrow⁽¹⁶⁴⁾ describes three main reasons for systematic literature review being a fundamental scientific activity. The first is the unmanageable volume of data that inundates health care providers, researchers, and policy makers; systematic reviews reduce large quantities of information into ‘*palatable pieces for digestion*’.⁽¹⁶⁴⁾ Through the critical appraisal and synthesis of articles, pertinent studies with sound scientific bases can be reflected upon, whilst the remainder set aside. Second, systematic reviews are critical sources of information for integration, in that they allow researchers to identify, justify and refine their own hypotheses, recognise and avoid the pitfalls of earlier work, estimate sample sizes, delineate ancillary and adverse effects, and identify potential covariates. Third, although frequently laborious and time consuming, systematic reviews are efficient because they are often quicker and less costly than embarking on a new piece of research, and hopefully reduce unnecessary reinvention. Britten and colleagues add a further argument, particularly related to the need for syntheses, intimating that the full contribution of research, particularly that which is qualitative, will ‘*not be realised if individual studies merely accumulate.*’⁽¹⁶⁵⁾

For this research, where little was known about the topic, a systematic literature review was essential as a starting point. Primarily, it was to establish whether my impression about the paucity of pertinent literature was correct - identifying gaps in research is a

somewhat understated by-product of systematic reviews - and this review attempted to capture any fragment of relevant information or data that was embedded within research tackling different, but related questions. Additionally, it facilitated the synthesis of evidence in a way that was concise, transparent and reproducible, while attempting to minimise error and bias. More than simply providing context for the thesis, the findings were to form the basis of a topic guide for qualitative interviews, thereby shaping the subsequent research.

3.2 Research question

The purpose of the systematic review was to answer the question “What are the health and wellbeing impacts for the adult friends and family members of women experiencing domestic violence and abuse?”

3.3 Methods

Inclusion criteria

Studies were included if they reported data pertaining to impact on the health and wellbeing of adults who were in the social network of a female DVA survivor, where *adult* meant that they were 16 years old or above, where *social network* included friends, colleagues, neighbours, current non-abusive partners, and any relative including step-family, non-blood relatives and family-in-law, and where *domestic violence and abuse* was defined in accordance with the fullest meaning of the Home Office definition, as previously discussed in Chapter 1. No exclusions were made on the basis of: methodology, methods, location, language or type of publication. In addition, no exclusion was explicitly made regarding timeframe however, due to time-periods adopted by the searched databases, the references retrieved were published after 1950.

Search strategy

Inclusion of grey literature

Counsell states that '*as many relevant studies as possible need to be identified, regardless of publication status or language*',⁽¹⁶⁶⁾ and goes on to advocate multiple overlapping search strategies to maximise the data available and reduce the risk of publication bias – the selective publication of studies based on the direction and strength of results, and the reviewers' biases. In adherence with these ideas, I attempted to capture *grey literature* such as dissertations, theses, research proposals and conference abstracts by choosing databases that included non peer-reviewed work, seeking advice from an information specialist about how best to achieve this.

Development of search definitions

Defining search terms for the database searches was an iterative process. Starting with the concept of *domestic violence and abuse*, relevant literature in the field was reviewed for variations in terminology used and, within the more widely used health-related databases, Medical Subject Heading (MeSH) terms relating to the concept were *exploded* to seek out the key words contained therein, constituting the larger notion of DVA. Provisional searches were run to see whether the synonyms discovered did indeed return appropriate and relevant articles. In cases where a synonym returned too broad a selection of literature, with little relevance to the specific topic area, it was excluded from the final list of search terms. An example of this was the term *sexual abuse* which, though often a feature of DVA, tended to be used in the literature to reflect sexual abuse in childhood, or was used alongside other more explicit DVA terminology, so relevant articles would be captured anyway. Similar processes were carried out for the concepts of *friends and family*, *health* and *impact*, along with online thesaurus searches. The resulting list of search terms used is in Appendix 1.

Many of the search terms for the concepts of *health* and *impact* were generic words so, where possible, proximity searching was used (this is a function using Boolean logic which searches for instances where the selected search terms are within a specified number of words of each other – in this case within four words).

Electronic search procedure

A systematic search of the following electronic databases was conducted: MEDLINE, PsycINFO, Embase, CINAHL, PubMed, the Cochrane library, Web of Science,^a Open Sigle,^a EThOS,^a DART-Europe E-thesis portal,^a National Research Register Archive^a and CSA Illumina (covering IBSS, Sociological abstracts and Social Service abstracts). The search form used was [terms for domestic violence and abuse] AND [terms for friends or relatives] AND ([terms for impact] AND (within four words) [terms for health and wellbeing])

Search strategies were tailored to the capabilities of search functions in individual databases, so for example, if MeSH terms were available, they were also included in the searches. Wherever possible a consistent approach to the search terms used, and to the Boolean logic combining them, was taken. References resulting from the searches were exported to Endnote where duplicate entries were excluded.

Manual searches

The systematic searching of databases was complemented with forward and backward citation tracking. The tracking involved review of all references and citing articles for the papers, reports and theses identified for inclusion from the electronic database searches.

Since grey literature was very much of interest within this review, additional searching by hand was carried out between November 2010 and January 2012 that incorporated a variety of strategies, including the identification of authors in the DVA field who were carrying out related work. These authors were identified by joining domestic violence publication mailing lists, attending DVA and gender violence conferences, and receiving on-going alerts regarding new related material reported by the MEDLINE, PsycINFO and Embase databases. With this information I conducted further database searches to uncover more of the authors' work, directly approach the authors to enquire about

^a Indicates databases with substantial grey literature content

work that was yet unpublished, and created an awareness of my research topic so that allied researchers would flag up relevant articles they encountered.

Development of a decision-aid flowchart

Once the definitive list of abstracts to review was ready, a decision-aid flowchart was developed (Appendix 2). It was possible to predefine the overarching emphasis of criteria, but in order to flesh these out, a sample of 30 abstracts was initially analysed. So, for example, the first criterion for an abstract to be included was that the article be about DVA. This seems rather obvious considering the search terms used, however whether or not the abstract made it beyond this level of the flowchart was dependant on the specific definition of DVA i.e. details about ages of the individuals involved (including the assumed meaning of words such as *daughter*,^b *child*,^b *youth*^b and *teenager*^b), the nature of their relationship with one another (including whether non-blood relatives are considered family), the potential for overlap in the concepts of *domestic violence and abuse*,^b *elder abuse*^b and *child abuse*^b, and what was included under umbrella terms of *interpersonal violence*^b and *bullying*,^b all became important clarifying subtext for the criterion.

The criteria developed during review of the first 30 abstracts were applied to the succeeding 100 in order to check that the principles were sufficiently robust, and further clarifying commentary and examples added to the flowchart. There was only one significant change at this stage - a recognition that terms *adolescent* and *adolescence* could encompass those aged 16-18 and therefore should not be used to exclude within the definition of DVA. The abstracts previously considered were reassessed according to this fine-tuning.

^b These were all terms that were used directly in the abstracts of the identified articles, other terms such as *couple abuse* and *family abuse* did not appear so clarifying subtext in the decision-aid was not necessary

Article review process

Many of the records retrieved by the searches had non-specific, ambiguous titles that lacked sufficient information on which to base judgements of eligibility, so abstract review was necessary. Each abstract was read and coded according to the developed decision-aid flowchart, and codings recorded within Endnote. If the inclusion criteria were not satisfied, the article was coded with the exclusion code appropriate to the first criterion it had failed to meet in the decision-aid flowchart, otherwise the code *include* was recorded. For articles meeting the criteria, or providing insufficient information in the abstract to confer eligibility, full-text papers were obtained.

Due to articles not being excluded on the basis of language, several were written in languages other than English. The abstracts for these were electronically translatable using *Google Translate*. One article was written in Mandarin Chinese and unavailable electronically, so a hard copy was ordered and kindly translated by a colleague.

Data extraction

Data extraction is the process by which the necessary details about the characteristics and findings from the included studies are acquired. Where the studies contain quantitative data, extraction is a relatively linear process with key items specified in advance, usually in the form of a standardised data extraction template to ensure consistency. Where studies contain qualitative data, extraction is typically a more iterative process with the reviewer moving between reading papers, data extraction and synthesis in cycles as themes and questions emerge.⁽¹⁶⁷⁾ This review contained studies with different methodological paradigms, and thus there was no homogeneous data set to collect. Instead, each full-text article was read multiple times and data pertinent to the research question highlighted on a hard-copy. Data were subsequently extracted *verbatim* into an Excel spreadsheet as part of the coding and analysis processes.

Critical appraisal

A variety of tools were considered for the appraisal of articles resulting from the searches, including the CASP critical appraisal checklists (a suite of tools which each aid

the appraisal of articles reporting research using different methodologies),⁽¹⁶⁸⁾ the STROBE statement checklist,⁽¹⁶⁹⁾ a quality framework produced by the National Centre for Social Research⁽¹⁷⁰⁾ and a more iterative quality guide developed by Mays and Pope.⁽¹⁷¹⁾ Other than the CASP, which has checklists for both qualitative and quantitative research designs, the checklists, frameworks and guides were focussed towards appraising either quantitative *or* qualitative research so could only have been used for this review in conjunction with another tool. All tools had limitations. The quality framework from the National Centre for Social Research was lengthy and many of its questions related to evaluations of material outside the remit of this review, for example policy documents. The guide developed by Mays and Pope was flexible but was not as detailed or as specific as other tools. The CASP appraisal checklist for qualitative research has been considered rather superficial by some researchers regarding its assessment of the validity of qualitative studies.⁽¹⁷²⁾

The CASP critical appraisal checklists have been widely used in health research in the UK over the past 15 years,⁽¹⁷³⁾ so for this reason along with their applicability to *all* the articles in my review (due to the available suite of tools), and the ease of use of the checklists themselves, I opted to apply the CASP checklists for this review (application and critique of the CASP tools will be further discussed in Chapters 4 and 7).

The CASP checklist for qualitative studies was fairly straight forward to use and was employed in its original form – it consisted of 10 questions, each with a number of prompts to aid consideration of various aspects of the report content. The quantitative studies uncovered by this review most commonly described prevalence data collection and so none of the CASP critical appraisal checklists were entirely appropriate. The closest match was the checklist for case-control studies, which was adapted (by removing questions pertaining to control groups). The CASP checklist for systematic reviews was used for a journal article describing a literature review, and an amalgamation of the checklists for qualitative studies and systematic reviews was used for a study conducting content analysis follow a review of newspaper articles. I assessed the quality of each paper, and then a small cross-section of papers was appraised by my supervisors, with discussion around areas of disagreement, and resolution by consensus.

From the outset my intention was not to exclude articles, nor to explore the possible effect of quality by weighting high quality papers, but rather to present the reader with summary information about the quality of the articles, which can be regarded alongside the findings of the analysis, to promote transparency and aid interpretation.

There are a number of reasons why I felt that exclusion or weighting would be inappropriate for this particular review: first, my research question was not the focus of any article obtained, and thus any quality assessment of the overall reported research would not necessarily indicate anything about the quality of pertinent data; as Pawson notes: '*an otherwise mediocre study can indeed produce pearls of explanatory wisdom*'.⁽¹⁷⁴⁾ My second hesitation was that by endeavouring to be as inclusive as possible, I had purposefully embraced material that had not been subject to the same rigors of peer review required for journal publications. To then judge this grey literature by the same criteria as published works, felt as though it might penalise the very literature I had set out to include. Moreover, the literature identified contained data that were both qualitative and quantitative, and not only did comparison of research from different paradigms seem problematic, but even the suitability of appraising qualitative research at all remains hotly-debated.⁽¹⁷⁵⁻¹⁷⁸⁾

Some researchers have chosen to test what quality appraisal adds to their studies,⁽¹⁷⁹⁾ and in one example by Malpass and colleagues, they found that their meta-ethnography findings remained the same even if the review was confined to papers identified as *key* by an appraisal tool.⁽¹⁸⁰⁾

The results of the critical appraisal are reported in Table 4-1 in Chapter 4.

Data synthesis

The synthesis of qualitative and quantitative data

Whilst there is a strong body of research on methods for reviewing quantitative and qualitative evidence separately, and while methodological and discursive papers have been written about synthesis that combines both types of research, examples remain elusive in the literature. Opponents suggest that the paradigmatic divide between

qualitative and quantitative research represents an irremovable barrier to synthesis, whilst proponents challenge conventional positioning of qualitative and quantitative research as polar opposites, highlighting instead points of commonality.⁽¹⁸¹⁾

Mays and colleagues, and Greenhalgh and colleagues take particularly pragmatic stances, proposing that the synthesis of quantitative and qualitative data is a logical extension of the bridging that mixed-methods research has already achieved in recent years,⁽¹⁸²⁾ and suggesting that it may produce an enhanced level of evidence to *‘expose the tensions, map the diversity and communicate the complexity.’*⁽¹⁸³⁾

Dixon-Woods and colleagues, in exploring the possible methods for synthesising quantitative and qualitative data, argue that interpretive syntheses should be able to synthesise evidence produced by any methodology, asserting that *‘theory-building need not, and indeed should not, be based only on one form of evidence’*.^(184, 185) They continue by suggesting meta-ethnography as an approach that can be used with qualitative data alongside quantitative data which has been converted into qualitative form, and demonstrate the synthesis of both (including grey literature) in a review of access to health care by vulnerable groups.⁽¹⁸⁴⁾

For this systematic literature review which captured papers with diverse methodologies, the divide between that which was qualitative and that which was quantitative, seemed rather artificial; with overlap between the information of interest mentioned in articles from the different paradigms. In addition the quantitative papers as a subset in themselves could not be readily synthesised because the data they provided lacked homogeneity. Thus, rather than splitting the papers, I decided to conduct a framework analysis followed by a meta-ethnography of the data. In this aggregation, both the data sets are used alongside one another, with an acceptance of the variance within the epistemological approaches and the methodologies that underpin them.

Rationale and description of the synthesis

Synthesis is a progressive and iterative process, but there are two key activities that characterise its course: the first requires management of the data, and the second involves making sense of the evidence through descriptive or explanatory accounts.⁽¹⁸⁶⁾

In practice, the distinction between the two phases becomes blurred, not least because the researcher is required to engage in innovative and analytical thinking for both.⁽¹⁸⁷⁾

Framework analysis

The analysis method of Framework was developed by Ritchie and Spencer at the National Centre for Social Research during the 1980s⁽¹⁸⁶⁾ and is a matrix based method for ordering and synthesising qualitative data.⁽¹⁸⁸⁾ The name *Framework* comes from the thematic framework, which is a central component of the method.⁽¹⁸⁸⁾ Framework is used to classify data according to key themes, concepts and emergent categories, and whilst the interpretation is not dependant on the framework itself, some interpretation is facilitated by it. It is both an approach and a tool, and is able to cope with diverse multi-layered data. It is a systematic, comprehensive and transparent approach, even if it is time and labour intensive. A potential disadvantage is the danger of becoming focussed on the process rather than on the outcomes.⁽¹⁸⁹⁾

Framework involves a methodical process of sifting, charting and sorting material according to key issues and themes. Although structured, there is no implication that it is purely mechanical; it relies on the creative ability of the analyst and their conceptual ability to determine meaning, salience and connections.⁽¹⁸⁸⁾ Framework is an approach, originally intended for primary research, which has been successfully adapted for use in the synthesis of data across studies.⁽¹⁹⁰⁾

In practical terms, for this review, I read and re-read the identified articles several times - a process of immersion to gain an overview of the data coverage and to become familiar with the data set. Relevant text was highlighted on hard-copies of the articles, key ideas and recurrent themes listed, and a matrix constructed using an Excel spreadsheet, with each row pertaining to one paper. Study characteristics were extracted and tabulated including sample, setting, paradigm and method, then the highlighted data from each paper were lifted from the original context, one paper at a time and grouped into cells where similarity was apparent. After the first five papers, the columns were given titles reflecting the essence of the emerging themes – these titles retained fluidity as further papers were added to the framework, allowing the theme to both expand and contract. At this stage, an index of codes was constructed for

the emerging themes to aid classification of text in the remaining nineteen papers, and to provide an initial conceptual framework.

Once the index had been systematically applied to the whole data set and resultant data charted, repeated interspersions of index numbers were noted (where participants and/or authors recurrently wove particular themes together) in order to explore the interconnectedness of ideas. Since the quantity of relevant data and commentary in the majority of the papers was not large, it was possible to copy all of the pertinent text into the framework *verbatim*. This enabled complete preservation of the language used by participants and authors which facilitated the process of refining themes and their titles. It also helped in the later building of a hierarchical structure of themes and sub-themes.

In the next stage, a creative exploration process of conceptual mapping was employed, whereby each theme and subtheme was written on a post-it note and positioned relative to others. This assisted visually with what Ritchie and Spencer describe as '*leaps of intuition and imagination*',⁽¹⁸⁸⁾ helping me to hone the concepts, ascertain a sense of the clustering of themes and their inter-relativity, and provide explanations regarding emergent themes.

In effect, the interpretation began within this framework stage of the analysis process, because the very identification of text as relevant, the construction and assignment of labels, and the bringing together of material, all required a degree of evaluation and inference regarding the data.

Meta-ethnography

Meta-synthesis is a series of techniques specifically developed for synthesising qualitative studies. Methods have been slow to develop, but a number have emerged in recent years and are now evolving rapidly, particularly within health research.⁽¹⁹¹⁾ Ethnographers, Noblit and Hare developed the method of meta-ethnography in the late 1980s, and whilst birthed in response to a need to synthesise ethnographic studies, they described it as being applicable to qualitative research more generally.⁽¹⁹²⁾ It has since become the main approach to qualitative synthesis in the health field.

Meta-ethnography is a method that involves the comparison, analysis, interpretation and translation of findings from individual studies to produce a new level of interpretation. The goal is no simple aggregation portraying the lowest common denominator; it is to achieve more, not less,⁽¹⁹³⁾ which Zimmer describes as the '*multivocal interpretation of a phenomena*'.⁽¹⁹⁴⁾ It is different from secondary analysis, where a new question is asked of existing data or primary data are reanalysed using a different technique; instead the key characteristic is transformation of data into new conceptualisation - a deconstruction for the purpose of restructuring – to gain broader and richer understanding of a particular phenomenon.

Noblit and Hare identified seven phases in conducting a meta-ethnography, but acknowledged that these are non-discrete in practice, with stages often occurring in parallel or overlap:⁽¹⁹²⁾

1. Getting started
2. Deciding what is relevant to initial interest
3. Reading the studies
4. Determining how the studies are related
5. Translating the studies into one another
6. Synthesising translations
7. Expressing the synthesis

Noblit and Hare⁽¹⁹²⁾ also identified three possible types of relationship between studies that steer the translation and ensuing synthesis. The first is a reciprocal relationship where the studies are about similar things; key themes, metaphors and concepts in each study are identified and can be synthesised as direct translations. The second is a refutational relationship where the findings of studies contest one another; key themes, metaphors, or concepts in each study are identified, as before, but contradictions and competing explanations in reports are identified, and are examined in an attempt to explain them. And the third is an inferential relationship where a set of studies suggest a line of argument or inference, about a larger issue or phenomenon; the construction of a general interpretation grounded in the findings of separate studies to give a picture of a whole phenomenon from the study of its parts.

In practice, health researchers have found that since the interaction between studies tends to include all three relationships, that individual meta-analyses necessarily include elements of each of these three types of synthesis.^(185, 191)

There has been development of the principals first proposed by Noblit and Hare, partly as an attempt to specify methodology and methods. In Britten and colleagues' well-documented demonstration of the capability of meta-ethnography to synthesise papers on the meanings of medicine, they both extend the concepts within the approach and describe practical methods for carrying it out.⁽¹⁶⁵⁾ Building on Schutz's⁽¹⁹⁵⁾ notions of *orders of constructs*, Britten and colleagues proposed that in the health research context, *first-order constructs*, referring to the '*everyday understandings of ordinary people*', and *second-order constructs*, referring to the '*constructs of the social sciences*' (usually the interpretations, explanations and theories proposed by the authors), could be used with a lines-of-argument synthesis to develop what they called *third-order interpretation*.⁽¹⁶⁵⁾ These third-order constructs, whilst not departing from the original results of the papers, develop beyond them, achieving a higher level of abstraction, and thereby increase the achievements of meta-ethnography. In other words, they are new interpretations of original authors' interpretations, based on the analysis of first-order and second-order constructs extracted from the studies

Part of the appeal of meta-ethnography, in addition to its *beyond aggregation* approach, is preservation of the milieu of the original studies; in the synthesis, there is no attempt to divorce findings from their primary context, the rich diversity is respected and elaborated upon, rather than averaged or quashed.

Figure 3.1 below, adapted from Malpass et al.⁽¹⁸⁰⁾ illustrates the working model of the approach in the context of the particular research question addressed in this thesis.

Having taken an initial framework approach, which managed and organised data from the articles, and initiated the interpretative phase, I came into the qualitative meta-ethnography at the fifth stage that Noblit and Hare describe.⁽¹⁹²⁾ Looking down the columns a theme at a time, the first step was one of differentiating between the first- and second-order constructs. In keeping with the distinctions, described above, which Britten and colleagues made regarding the orders of constructs⁽¹⁶⁵⁾ and following the

lead of Malpass and colleagues,⁽¹⁸⁰⁾ all participants’ views, accounts and interpretations reported in the qualitative studies were considered first-order whether or not they related to first-hand experience or to perceived/third-party experience. This is potentially controversial since the reports of third parties are by their very nature indirect, with the potential for misperceptions and misassumptions. However, as mentioned above, Britten and colleagues, who developed this method, place the dividing line for first-order and for second-order constructs based on whether the understandings are of ordinary members of the public or of those working scientifically with the data. Whilst the reports of third parties are second-hand, they are still more closely aligned to that which is considered first-order for this method. The limitations of taking this approach are discussed in Chapter 7.

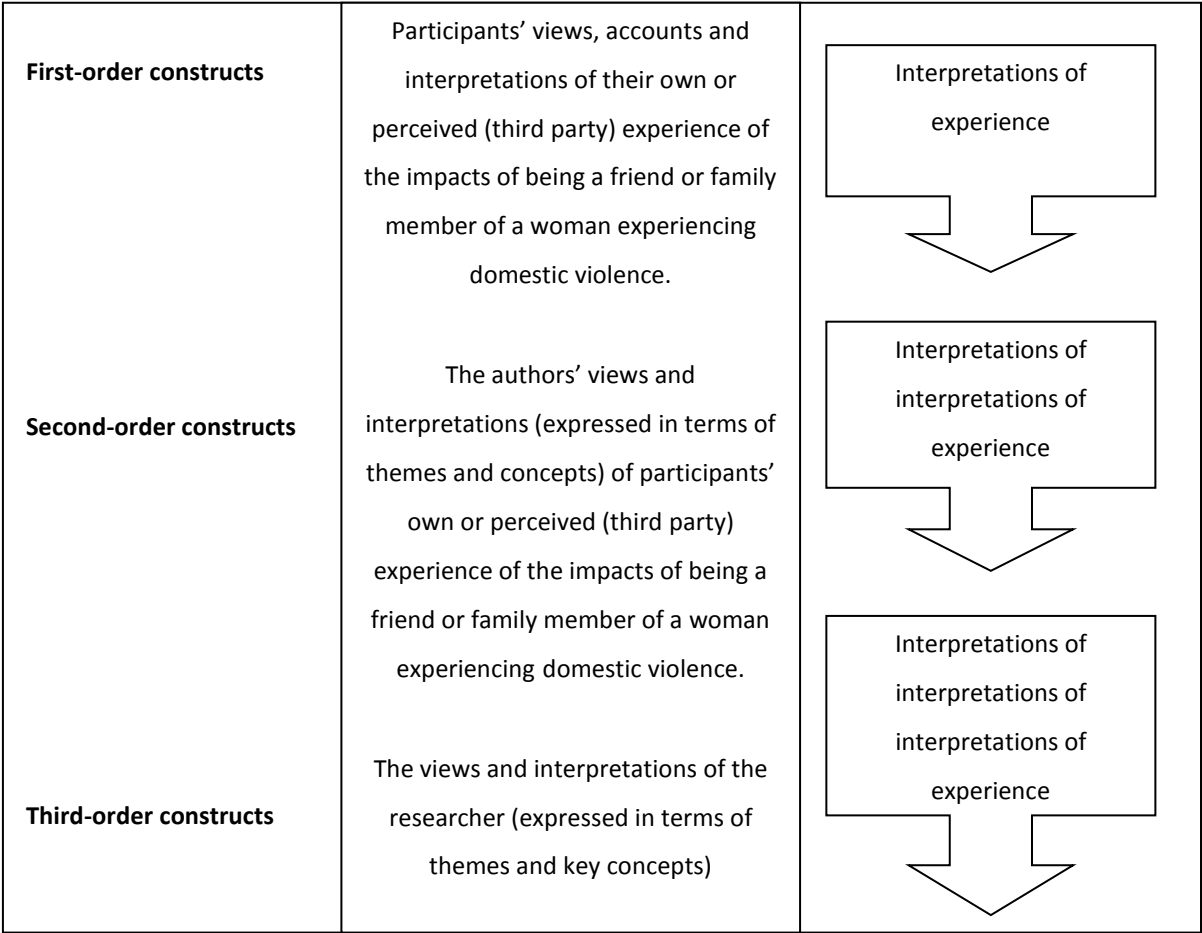


Figure 3.1 Working definition of 1st, 2nd and 3rd order constructs

Authors' interpretations and explanations were treated as second-order constructs and they have been given the label 'author description' when quoted. A dilemma remained around data which were not direct participant *verbatim* quotes but were simple summarising report from authors i.e. with minimal, if any, interpretive content. I viewed these data as essentially first-order constructs, labelling them as 'author summary' when quoted.

Quantitative data do not naturally fall into first- and second-order constructs, so a creative approach was adopted aligning the raw figures, and subsequent statistics, with the first-order qualitative data, and the subsequent author discussions, conclusions and commentary with the second-order qualitative data. Whilst accepting that there is a fundamental difference between data generated by quantitative and qualitative research, this approach yet allowed the steps that followed to be based on both types of data instead of treating them as disconnected.

A critique of the application of the concept of *orders of construct* in carrying out a systematic literature review using meta-ethnography is included in Chapter 7.

In the next stage, the translation of concepts was carried out systematically - a comparison of each concept from each paper with all the other papers in turn, examining emerging themes and relationships across the studies. Once common concepts were identified, I then began the process of refining the themes into a hierarchy, using the previously conducted creative mapping process to inform the structure.

The translation of studies into one another, which began within the framework analysis and continued within the meta-ethnography, then developed into the sixth and seventh phases that Noblit and Hare describe: the synthesis of translations and the expression of the synthesis.⁽¹⁹²⁾ It was during the descriptive writing stage that the similarities between papers, any contradictions or lack of consensus (both inter- and intra- study), and the lines of argument representing the bigger picture were explored.

Voils and colleagues describe meaning as '*inescapably numbered*' ⁽¹⁹⁶⁾ and in accordance with this idea I chose not to exclude numerical descriptors from my exposition, from a

sense that providing appropriate tallies might prove a helpful indicator of the extent to which particular themes arose. Within each theme, the first-order constructs were considered initially, treating the voices of participants in two different groups – those who were themselves network members and those providing third-party report on the experience of network members e.g. survivors, professionals, media reports etc. Next, the second-order constructs – the authors' commentary, explanations, ideas, and theories – were explored in much the same way. Once this process was complete for all the themes, it was possible to construct third-order interpretations for each of the overarching-themes, pulling together that which had been previously generated to shed light on the research question and develop insight.

Rigour and validity testing

Within this systematic literature review, three strategies were specifically incorporated to assess rigour, as detailed below:

The first, carried out early in the review process (after 500 abstracts had been read and coded), was an assessment of whether or not the abstracts alone provided sufficient detail on which to base decisions about inclusion and exclusion of articles. A random subsample of articles that had been excluded at different stages on the decision-aid flowchart was identified, and the full-text articles sought. Of the Forty-three articles reviewed, 23 were coded identically when read in full-text and by abstract alone, and 18, though coded at a different exclusion level in the decision-aid flowchart, were also excluded at both abstract and full-text readings. The two remaining articles when read as full-text met all the designed inclusion criteria on the flowchart, but crucially were not papers that I had intended to incorporate because they contributed no research to the topic i.e. information relating to the research question was mentioned in passing, in a discursive manner without qualitative, quantitative or review data. This indicated the need for a final filter level within the decision-aid tool; to exclude on the basis of lack of information contribution. This process enhanced the decision-aid tool and learnt weight to the sufficiency of assessing articles by abstract alone.

The second strategy employed was to test the reliability of the review, checking whether it had been carried out in a reproducible way - an independent reviewer can assist in exploring the robustness of the procedures and criteria, illuminating areas of potential human error or the effects of personal bias within a review. Few discrepancies between the two reviewers would indicate that the decision-making process was clear-cut and that the inclusion and exclusion criteria were sufficiently well described.

For this task, I enlisted the help of a second reviewer (a 4th year medical student on placement) to examine a 5% (n=166) subsample of the abstracts. As with the first strategy mentioned above, it was important to get a random subsample of articles that had been excluded at different stages on the decision-aid flowchart; on this occasion, the abstracts were chosen from the six exclusion levels in the flowchart in the same proportions that they had been coded by the initial reviewer. The independent second reviewer read and coded the 166 abstracts using the same processes and flowchart as the initial reviewer. For clarification, she requested full-text articles for four of the papers, and ultimately excluded all of the articles, with 70% being given identical exclusion codes to those of the initial reviewer. Where decisions around the exclusion level differed, it was largely due to interpretations around the study specific definition of DVA, but whether later or earlier in the flowchart, the second reviewer nevertheless excluded all the papers she looked at, which matched the initial reviewer's decisions, indicating that the *process* for the review worked well. This gave confidence in the reliability of the inclusion/exclusion processes within the literature review.

The purpose of the third strategy was to validate the data extraction; to establish whether an independent person would extract the same data from the included articles and code it similarly. A fellow PhD student was recruited for the task, and was given both the research question and the developed index of codes. Her task was to review a randomly selected subset of the final articles, to highlight text relevant to the research question and to assign codes from the original reviewer's list, noting if themes arose that she felt unable to classify accordingly. For the articles considered, there was general agreement, and where there was lack of concordance, it chiefly concerned differences in the labelling of themes, and the erroneous inclusion, by the second

reviewer, of data relating to impacts on the non-adult children of the survivor. Theme descriptors were honed until consensus between the reviewers was reached. This gave confidence in the reliability of the data extraction within the literature review, and aided the process of refining the labels given to themes.

3.4 Chapter summary

In this chapter the methods used to undertake a systematic literature review have been described, including the steps taken to assess and ensure rigour. The findings from this review will be reported in the chapter that follows.

Chapter 4: Systematic literature review: findings

Having followed the methods described in the previous chapter to systematically review the literature regarding the impact on the health and wellbeing of friends and relatives of DVA survivors, this chapter reports the results of the searches, the characteristics of the studies identified, the findings of the quality appraisal, and the concepts generated by the synthesis.

4.1 Search results

Appendix 3 shows the detailed results from the searches. In summary, the electronic searches yielded a total of 3316 records, once duplicate entries had been removed, and of these, 64 (2.02%) were considered potentially eligible. Following full-text scrutiny of these, a further 47 articles were excluded using the decision-aid mentioned in Chapter 3, leaving 16 for inclusion in the synthesis. Eight additional papers were identified through informal searching methods; five through reference and citation searches and three via experts in the field. A total of 24 articles resulted, that related to 23 different studies.

4.2 Study characteristics

The 24 articles, to a greater or lesser extent, touched on the research question but none addressed it as the central topic. This was indicative of a genuine gap in the literature regarding the research question of this thesis. A summary description of the 24 articles follows (additionally Appendix 4 is a table of the study characteristics, and Appendix 5 indicates the different participant groups represented by the articles):

The 24 articles were available in English and reported studies conducted between 1995 and 2010. Eighteen were journal articles, two were reports or reviews, three were PhD theses and one was a Masters dissertation. The large majority (15) were conducted in

the USA, with two studies in Sweden (with three relating articles), two in the UK, two in Australia, one in Canada and one in South Africa.

The sample sizes in the studies reflected the approaches used, ranging from a single participant in a qualitative case study, to 588 participants in a quantitative survey study. The participants were predominantly female, and in the majority of studies, were aged between 18 and 50. Not all papers specified the ethnicity of participants, there was only one from the UK and 13 from the USA that did; in these, the majority of participants were classified either as White or as African American/Black.

The studies varied in terms of their underlying ontological and epistemological stances, and thus also in the methodologies and methods used. Thirteen studies used qualitative methods, nine used quantitative methods and one was a mixed-methods study. Unlike the majority of qualitative papers, the quantitative articles did not describe their methodologies in detail. They did however describe the methods used for data capture - predominantly the use of questionnaires, and also case-review of professional and media documents.

Of the qualitative studies, three took a grounded theory approach, three took a narrative approach, two took a phenomenological approach, two took a case study approach, one took an ethnographic approach, and in two papers the methodology was unclear. Methods used for data capture included individual interviews in eight studies, focus groups in three, a combination of individual interviews and focus groups in one, and participant observation in one study.

The mixed methods study was a content analysis of media reports, police reports and obituaries, exploring patterns of intimate partner homicide-suicide.

Eight of the articles referenced at least one other paper from within the 24 identified, although the authors' areas of interest were generally disparate and overlapped in only a cursory manner. There were two exceptions to this: the first was two articles relating to the same study (the thesis and subsequent paper by Erlingsson),^(197, 198) and the second was a series of three papers by Swanberg's research team, with continuity of topic and an inherent chronological building of conception and understanding.⁽¹⁹⁹⁻²⁰¹⁾

In only six of the studies were the participants themselves the friends and family members of a survivor, able to offer a first-hand perspective. Within these six, two studies had participants who were both survivors themselves *and* friends to a survivor; these women were in a refuge having left abusive relationships. Consequently, the data in these two papers were a mixture of direct report about experiences of being a friend to a fellow survivor, and third-party report as participants spoke their views from a survivor perspective.

In nine studies, survivors had been specifically recruited as participants, and thus all data reported in these articles about the impacts on friends and relatives were third-party. In a further five studies participants had been recruited on the basis of being in a subsample of the general population (rather than explicitly having experience relating to DVA). These included: college students, healthcare professionals and women with an admitted drug problem in receipt of governmental financial support. Again, the data reported from these studies reflected a mixture of first-hand and third-party perspectives on the impact of DVA on the survivor's social network, and in one such paper no differentiation was made between personal abuse history and that within the close network of friends and family, so at times the perspective was unclear.

In the remaining three studies, additional third-party perspectives were given, all of which related to fatal DVA. The information in the studies came from: the case notes of professionals involved in the review of the deaths, media and police reports in cases of IPV homicide-suicide, and mental health professionals supporting families who had become caregivers post-intimate partner femicide.

Although I had sought to capture experiences related to DVA in its very broadest sense, as discussed in Chapter 1, all of the studies included in this review actually related to violence and abuse between people who were or who had been intimate partners i.e. what was reported concerned intimate partner violence and abuse only.

4.3 Results of appraisal

The articles identified were quality assessed, and were classified as high, moderate or low quality based on the degree to which they fulfilled the criteria in the relevant CASP

appraisal tool. Due to different CASP tools being used to assess the reporting of different methodologies within studies, articles were classified according to the proportion of the applicable criteria that were fulfilled. Since researchers have shown that quality ranking of papers reporting qualitative DVA research is relatively insensitive to differential weighting of items,⁽²⁰²⁾ equal weighting of items within the CASP appraisal tools was used. Studies were classified as high if they met 75% or more of the CASP checklist criteria, moderate if they met between 50% and 75%, and low if they fulfilled less than 50% of the checklist criteria; the summary results of the appraisal are detailed in Table 4-1 below and Appendix 6 provides examples of articles that were classified according to the three categories (high, medium and low), so that the reader has a better understanding of how the CASP criteria were applied and how the categorisation decisions were made.

Table 4-1 Results of quality appraisal

Author	Title	Critical Appraisal Classification
Henderson	Abused women and peer-provided social support: The nature and dynamics of reciprocity in a crisis setting	Low
Moore et al.	Attitudes and Practices of Registered Nurses Toward Women Who Have Experienced Abuse/ Domestic Violence	Moderate
Wolf et al.	Who Gets Protection Orders for Intimate Partner Violence?	High
Hoile	Health Impact Assessment of Domestic Violence Multi-Agency Pilot Research Project, Tendring District, Essex, UK	Moderate
Hobart	"Tell the world what happened to me." Findings and recommendations from the Washington State Domestic Violence Fatality Review	Low
Riger et al.	The Radiating Impact of Intimate Partner Violence	Moderate
Goodkind et al.	The Impact of Family and Friends' Reactions on the Well-Being of Women With Abusive Partners	High
Christofides et al.	How nurses' experiences of domestic violence influence service provision: Study conducted in North-west province, South Africa	High
Pennell et al.	Safety Conferencing: Toward a Coordinated and Inclusive Response to Safeguard Women and Children	Low
Swanberg et al.	Domestic Violence and Employment: A Qualitative Study	High
Raghavan et al.	Community Violence and Its Direct, Indirect, and Mediating Effects on Intimate Partner Violence	High
Swanberg et al.	Intimate Partner Violence, Women, and Work: Coping on the Job	Moderate
Bennett	How do the new friendships women make in a refuge help them cope with refuge life?	Moderate
Erlingsson	Elder abuse explored through a prism of perceptions: Perspectives of potential witnesses	Low

Salari	Patterns of intimate partner homicide suicide in later life: Strategies for prevention	Moderate
Swanberg et al.	Working Women Making It Work: Intimate Partner Violence, Employment, and Workplace Support	High
Hardesty et al.	How Children and Their Caregivers Adjust After Intimate Partner Femicide	Low
Latta	Struggling to define my role: the experience of network members who intervened in intimate partner violence	High
McNamara	Changed forever: Friends reflect on the impact of a woman's death through intimate partner homicide	Moderate
Spencer-Carver	Social support for children who had a parent killed by intimate partner violence: Interviews with mental health workers	Moderate
Stenson et al.	Prevalence of experiences of partner violence among female health staff: Relevance to Awareness and Action When Meeting Abused Women Patients	High
Erlingsson et al.	Dilemmas in Witnessing Elder Abuse in Caregiving Situations: A Family Member Perspective	Low
Amar et al.	Lessons from families and communities about interpersonal violence, victimization, and seeking help	High
Davis et al.	Narrative accounts of tracking the rural domestic violence survivors' journey: a feminist approach	Moderate

The quality of the studies was very mixed, with the quantitative studies tending to rate higher than the qualitative ones. In the qualitative studies, the most commonly identified areas of weakness were researchers not adequately considering the relationship between themselves and the participant (criterion 6 – qualitative research CASP),⁽²⁰³⁾ and not ensuring that the data analysis was sufficiently robust (criterion 8 – qualitative research CASP).⁽²⁰³⁾ For the quantitative studies, the most commonly identified areas of weakness were lack of clarity with regards to precision of results (criterion 8 – case control study CASP),⁽²⁰⁴⁾ and lack of applicability of results to the local population (criterion 10 – case control study CASP).⁽²⁰⁴⁾ It is possible that these weaknesses were related to the quality of *reporting* rather than the quality of the studies *per se*.

As previously mentioned in Chapter 3, this information has been provided as a reference point for the reader; to draw attention to the assessed quality of studies, without seeking to use the classifications to weight or exclude data.

Critique of the CASP tool

As mentioned in Chapter 3, the CASP critical appraisal tool was selected because it contained a suite of checklists to suit different methodologies and methods, and because it has been widely used in health research in the UK over the past 15 years.⁽¹⁷³⁾ However, as a researcher using the tool, it quickly became apparent that the questions, particularly those in the checklists appraising articles reporting quantitative research, were angled towards making assessments about the *methodological quality* of the research when, because authors of articles are usually constrained by a very limited word count, the checklists can only really give an indication of the *reporting quality* of the research – a criticism which has been levelled at researchers' use of other critical appraisal tools.⁽²⁹¹⁾ In addition, by assuming that the outcome of appraisals, which are based solely on the individual articles, says something about the relative quality of the reported research, we ignore the fact that the articles differ in their opportunity to fully explain the research, particularly when 4,000 word journal articles are being compared with 100,000 word theses. A fairer way to assess relative quality would be to pull together more material for each study, such as the research proposal, any journal articles and reports to funders, which jointly would present a much fuller description of the research on which to base the assessments. As an additional point, I felt that there was a lack of focus in the quantitative checklists on both reflexivity and on ethical considerations. Whilst I appreciate that the importance of reflexivity is firmly embedded in the qualitative paradigm in a way that it is not in the quantitative paradigm, I do feel that there is a missed opportunity here. Furthermore, ethical issues should be considered important by *all* researchers regardless of methodological standpoint so should be included in any quality appraisal tool being applied to research.

In summary, whilst I selected the CASP tool for very valid reasons, my confidence in its ability to provide really useful information about both the quality of individual reported studies and about the relative quality of articles, particularly when they report research with differing methodologies, is somewhat limited.

4.4 Meta-synthesis findings

In the following section the five concepts generated by the synthesis will be described and illustrative quotes provided. Appendices 7 and 8 provide the final coding index and a breakdown of themes by individual article.

There was evidence in the articles included in this review that impacts on the health and wellbeing of the social network of DVA survivors were simultaneously wide ranging, far-reaching and influenced by context. Physical health impacts were mentioned a great deal less than psychological ones. For psychological impacts a distinction was drawn between the acute impact following revelation or a significant incident, and the chronic impact of being a friend or relative to a survivor for a prolonged period. Somewhat unexpectedly, both the *extent* of the direct impact of perpetrators' behaviour towards friends and relatives, and the possibility of *positive* effects were mentioned in several articles. Less surprisingly, participants reported a range of practical consequences resulting from the survivor's precarious relationship (such as helping out financially or with childcare), resulting in substantial burden.

The five key concepts generated from the evidence are listed below, with indication of sub-themes captured within each:

Concept 1: Physical health impacts – including: general physical health and exhaustion.

Concept 2: Negative impact on psychological wellbeing - including:

Acute impacts – trauma, shock, fear.

Chronic impacts - grief & loss, guilt, regret & shame, sadness & hopelessness, reduced confidence, worry & concern, powerlessness & helplessness, isolation, anger, frustration.

Concept 3: Direct impacts from the perpetrator – including: risk to physical safety, terrorisation & threats, harassment.

Concept 4: Beneficial impact on psychological wellbeing – including: validation of progress, increased self-esteem, self-revelation & heightened awareness, altruism &

sensitisation to the needs of others, reciprocity, inner strength, closer relationship to God.

Concept 5: Practical impact – including: providing childcare, impact on finances and work, disruption of daily rhythm, dealing with authorities, providing accommodation.

The themes will each be described below, using the notion of 1st, 2nd and 3rd order constructs as outlined in Chapter 3 and, as previously mentioned, for the quantitative data which did not wholly align with these ideals, the raw figures and subsequent statistics have been treated as first-order data, whilst the author discussions, conclusions and commentary have been treated as second-order.

The reader's attention will be drawn to whether data relate to first-hand experiences or to third-party report.

Concept 1: Physical health impacts

Four of the twenty-four papers referred to physical health impacts related to being a friend or family member of a woman experiencing DVA. It was rarely central information to the question being asked or the topic under discussion, so consequently, first-order constructs appeared without necessarily being accompanied by second-order commentary from authors, and there were also instances of second-order constructs without the associated first-order data, in either participants own words or as author summaries.

The emerging subthemes under physical health impacts were: general physical health and exhaustion. It was difficult to ascertain from the data whether these impacts were directly resulting from the DVA specifically, or whether other circumstances occurring consequentially or in parallel, were contributory.

General physical health

1st order constructs

Two of the studies where participants spoke about impacts on physical health had the context of post-intimate partner femicide (IPF), in scenarios where family members

(predominantly grandparents) had subsequently taken on the role of caregiver for the children. ^(205, 206) In Hardesty and colleagues' study, concerns about health were the most common post-homicide stressor expressed by participants, ⁽²⁰⁶⁾ and during the seven months after the murder:

...[T]wo caregivers suffered heart attacks, two underwent major surgeries, and one was hospitalized with a heart condition. The children in one family lost a loved one within 6 months of the homicide, and the children in another family lost both maternal grandparents within 2 years of the IPF ⁽²⁰⁶⁾ p112 (author summary)

Participants in this study expressed their worries about physical problems, more than mental health concerns, although they did not specifically connect their ill-health to the death of their loved one or to the resultant life changes of unexpectedly having taken on the care of young children.

In post-IPF research by Spencer-Carver, mental health professionals described the family members they worked with as having put their own healthcare 'on the back burner' due to all the other competing priorities associated with parenting traumatised children:

You would know that the caregiver needed to go to the doctor and you would follow up; did she go to the doctor? "Well, no, I did not go to the doctor, but I took the kids to the doctor."...I think that those healthcare things continue to get put off... People took longer to respond to their own needs... Part of that is due to the recent trauma and part is that they have a lot of new responsibilities and might not be taking time to observe how their body is doing...We attribute a lot to the grief which might be true...Their fatigue and headaches fit what they are going through now but may also mask things that also need help ⁽²⁰⁵⁾ p63 (mental health professional)

2nd order constructs

Authors of two of the post-IPF papers, Hardesty and colleagues ⁽²⁰⁶⁾ and Spencer-Carver, ⁽²⁰⁵⁾ mentioned the cumulative effects of stressors within this very particular scenario of DVA. They highlighted the interplay between relatives managing their own trauma and grief, and having unexpectedly become a caregiver of a traumatised child,

and they suggested that the compounding levels of stress and the complexities of IPF scenarios, heighten the caregivers' risk for negative health consequences.^(205, 206) In a study concerning the experience of a niece witnessing abuse between her uncle and aunt, Erlingsson and colleagues also alluded to the negative effect that secondary victimisation may have on health.⁽¹⁹⁸⁾

Exhaustion

1st order constructs

Physical fatigue was mentioned in the quote above from Spencer-Carver's work and, in work by Latta,⁽²⁰⁷⁾ looking at the roles network members take in situations of DVA, participants also described feeling '*drained*' and '*exhausted*' by the process of trying to define their function and responsibility. In addition, one of the participants in Hardesty and colleagues' study talked about not being able to eat or sleep during a period of post-traumatic stress following the intimate partner murder of her close friend.⁽²⁰⁶⁾

2nd order constructs

Exhaustion was mentioned by Latta in her study on role definition by network members, and she described it as a '*reaction*', linking it with frustration, and viewing it as tied in with the network members' perception of the survivor.⁽²⁰⁷⁾ Latta described how, in cases where network members perceived little change in the survivor's life, they could feel dissatisfaction about the investment they were making in terms of support, leaving them feeling drained and exhausted. The author did not indicate whether this exhaustion was related to physical or emotional fatigue.

Physical health impacts - 3rd order constructs

The mention of the physical health of survivors' social networks was sparse, and was particular to three contexts: the first being post-intimate partner femicide for the family caregivers, the second where witnessing of events has occurred, and the third where people were long-term supporters of the survivor.

The post-intimate partner femicide caregiver scenario is perhaps the most difficult to unpick because the failing health, and even death, of family members may well be due

to wide ranging factors, not singularly the DVA. For example, the picture is clouded by tragedy, grief, previous health of family members (for whom ill-health is conceivably more likely due to being of grandparent age) and, as Hardesty and colleagues⁽²⁰⁶⁾ and Spencer-Carver⁽²⁰⁵⁾ suggest, the effects of the compounding and complex stresses of taking on the care of distraught children. It is however also possible to envisage that event-stress-health associations and pathways, might be applicable in the situation of DVA. For example, work by Holmes and Rahe⁽²⁰⁸⁾ showed the connection between a variety of stressful life events and ill-health, with their list including '*death of a close family member*' and '*gain of a new family member*' both of which would be present in the post-intimate partner femicide caregiver scenario.

In situations where incidents of DVA are *witnessed*, it is entirely possible that a form of post-traumatic stress disorder (PTSD) may result, and this has been shown to have association with poor self-reported health and increased utilization of medical services.⁽²⁰⁹⁾

Work by Cohen and colleagues exploring mechanisms by which links between difficult life events and ill-health may occur, will be relevant to both the aforementioned scenarios;⁽²¹⁰⁾ they view exposure to chronic stress as toxic, and demonstrate changes in the emotional, physiological, and behavioural responses that influence susceptibility to disease.⁽²¹⁰⁾

One can also see that the process of providing long-term support to a friend or family member, particularly when the process of extrication from abusive relationships is often complex and drawn out, could have secondary effects of both frustration and physical exhaustion. Network members who choose to make themselves available to listen to a woman's story or journey alongside her, may experience a sponge effect but have little or no control to influence the situation, and possibly no outlet for their frustration, leaving them drained. This would echo findings from studies with informal carers for relatives with physical health conditions, who likewise described the combination of frustration and tiredness as part of the caring burden.^(211, 212) Although disruption of sleep and eating were only mentioned by one participant across the studies, I think it is worthy of note because it is mentioned alongside description of post-traumatic stress

following the intimate partner murder of a friend. Disruption of appetite and sleeping patterns are known to be symptoms of PTSD,⁽²¹³⁾ in part due to the hyper-arousal and hyper-vigilant state in which the body remains, and therefore it is perhaps not surprising that they would be part of the network members' experience, particularly when DVA incidents have been witnessed.

It was interesting that none of the studies reporting survivors' perspectives mentioned the physical health of their supporters. Friends and family members may choose not to mention their own physical health concerns to a survivor, or possibly there may be a lack of attentiveness by survivors to the health of those around them, due to the pressing demands of their own situation.

Concept 2: Negative impacts on psychological wellbeing

It became apparent during the synthesis that the concept of negative impacts on psychological well-being had two subgroups, those that could be considered *acute* impacts occurring immediately after exposure to DVA events, and those that could be considered *chronic* in terms of longevity and relentlessness. As such, I have described them separately, although it was clear that the groups were not distinct, with people often experiencing a trajectory, where acute impacts resulted in chronic impacts over time.

In total, thirteen of the articles mentioned psychological or emotional impacts. Nine papers referred to psychological impacts that could be considered *acute*, including trauma, shock and fear and, with a degree of overlap, nine papers mentioned psychological impacts that were more chronic in nature. Frequently, the psychological impacts mentioned were interwoven with other impacts bi-directionally i.e. with negative psychological effects resulting in physical health and practical impacts, and likewise with health, perpetrator behaviour, and practical impacts resulting in negative psychological wellbeing.

It is important to point out that expressing emotion is complicated, with different individuals describing psychological impacts and feelings in very different ways, or within a limited range of vocabulary. This idea will be further discussed in Chapter 7, but

for the analysis here, themes have been developed around not just the particular words used, but around a fuller sense of what was being described.

Acute psychological impact

Trauma

1st order

In four articles participants talked specifically about trauma resulting from fatal DVA, or from being exposed to scenarios that connected with participants' own histories of victimisation. In Hardesty and colleagues' study⁽²⁰⁶⁾ with people who had taken caregiving roles post-intimate partner femicide, one participant described the traumatic destruction and tearing apart of the family unit as a result of her daughter's death, whilst another spoke of both the very immediate impact and the subsequent longevity of traumatic impact from having witnessed her friend's death:

I feel so very bad for [the victim]. She was breathing when I got to her. Her face was swollen. He had beaten her. He claimed self-defence. Everyone thinks about immediate family effects. I mean the last 2 years have been hell for me. I've had nightmares. I suffered so much. I could not eat or sleep. My family did not understand ^{(206) p119} (friend)

In McNamara's study with a group of friends of a DVA homicide victim,⁽²¹⁴⁾ participants not only talked about their own trauma, linked with the death of their friend and their feelings that they ought to have somehow protected her, but also the diffusion of this trauma to their partners:

My partner was just devastated;...Tim was having nightmares; he felt he had failed her; he went through a lot...Tim was brought up in a family that is very traditional. You know...protect your mum and sisters. It really rocked his world that a man could do that. ^{(214) p204-5} (friend)

Third-party descriptions from Salari's study of media reports regarding intimate partner homicide-suicide mentioned both the trauma to close family, giving an example of a son who received an answerphone message from his father letting him know that he had

just killed his mother and was about to kill himself,^{(215) p448} and the trauma to those in the general vicinity of the deaths, for example where neighbours in a retirement village had witnessed a couple jumping to their deaths from an upper storey window.^{(215) p446-8}

One participant, Ron, in Latta's study about the roles of friends and family members in DVA situations, had, as a child, been physically abused by his father, and for him the trauma of being around the survivor and the perpetrator, was related less to what he was actually witnessing and more to his feelings regarding his own past history.^{(207)p161&174}

2nd order

In two of the papers mentioned above, authors explored the idea of traumatisation. Hardesty and colleagues,⁽²⁰⁶⁾ in their introduction, described trauma in relation to grief following homicide, and made the connection between these impacts and the physical and mental health of relatives:

Adult family members who suddenly become caregivers after IPF must manage their trauma and grief reactions in addition to the needs of the traumatized children. Doing so likely compounds levels of stress and heightens the caregivers' risk for negative physical and mental health effects ^{(206) p103} (author description)

Likewise, Salari discussed trauma in relation to scenarios where the DVA had resulted in the woman being killed, and described intimate partner homicide-suicide as having '*far reaching effects on public health as events traumatize families, friends, neighbourhoods and entire communities*'.^{(215) p441} She also specifically mentioned the possibility of '*symptoms of post traumatic stress disorder*' in neighbours living in close proximity to homicide-suicide events.^{(215) p446}

Authors of two further studies mentioned the possibility for trauma, but without providing primary data from participants. In their study, concerning the experience of a family member witnessing abuse between her uncle and aunt, Erlingsson and colleagues mentioned earlier research as indicating the traumatic nature of abusive situations for witnesses, and spoke of the support their findings lent to the possibility of '*traumatic*

psychological and emotional stress' for those around an abusive relationship. ^{(198) p10} In Spencer-Carver's study with mental health professionals reporting on post-intimate partner femicide impacts on relatives, trauma is mentioned particularly in relation to grief and the consequent caregiving responsibilities resulting from the death:

The weight of that "catastrophic trauma" falls on the shoulders of the caregivers who choose to care for these children and do so with little community support... ^{(205) p62} (author description)

Shock

1st order

Their shock at the situation was mentioned by participants in two studies. In Latta's research⁽²⁰⁷⁾ looking at the role of network members, participants shared memories about when they first realised there was DVA in the relationship of their friend or family member, and their shock that resulted both from a dawning realisation of the behaviour the perpetrator was capable of, and from the uncomfortable revelation that someone they knew and loved had been on the receiving end of such abuse.^{(207) p114,172,199} Whilst in Salari's study,⁽²¹⁵⁾ looking at intimate partner homicide-suicide, third-party media reports indicated the shock of neighbours that something so tragic had happened when they had not had any previous awareness that there were problems:

Neighbors and acquaintances were often shocked to hear the fate of the elderly couple. One close friend stated "The murder suicide came as a total surprise...I was with him every weekend and you talk about that sort of thing to your best friend."...Neighbors in another case said "You couldn't ask for better neighbors...They never fought...I'm close to being in shock over this..." "There was not even a hint that there was a problem...they seemed so happy...devoted to one another...the victim was happy about the upcoming visit from her brother...I was shocked - I can understand wanting to kill yourself , but why take someone else's life?" ^{(215) p447} (author summary of media reports)

2nd order

Both Salari and Latta discussed further the idea of network members' shock. Latta described the shock of one participant as having most likely resulted from not being

ready to recognise and accept that her brother was a perpetrator of violence. Salari built on primary data by suggesting that it was lack of warning that resulted in feelings of shock:

...[P]eople close to the couple were shocked and surprised to find out the event had transpired as they perceived there were no clues predicting this maladaptive outcome. ⁽²¹⁵⁾ p449 (author description)

Fear

1st order

Participants in three studies mentioned feeling fearful. Following the intimate partner murder of her neighbour and friend, one participant in Hardesty and colleagues' research⁽²⁰⁶⁾ talked about her fear that the perpetrator or his relatives would seek to kill her, because hers was the house to which the victim's son fled:

I feared for my own life. I thought he would come back and kill me. I moved out in 2 weeks. I went to the trial. I testified. I had my boyfriend go to the trial with me every day. I was afraid his family would kill me. I was so afraid. ⁽²⁰⁶⁾ p119 (friend and neighbour)

For the group of women in McNamara's study,⁽²¹⁴⁾ their friend's death did not leave them fearful of the perpetrator, but rather they described a more generalised fear of others' behaviour towards themselves and towards their loved ones. In particular they mentioned how verbal aggression, gesticulation and changes in voice tone that had previously not concerned them, had since become frightening:

When we go over there my nerves can't handle it. There is a lot of shouting. In his family there is physical threatening using hands. It's verbal aggression, not bad language or anything but loud! I just thought beforehand "that's just them; they have their anger management issues"...Since this has happened to Kate it's terrifying. ⁽²¹⁴⁾ p208 (friend)

In situations of non-fatal DVA, fear nevertheless resulted for some participants. In Latta's study⁽²⁰⁷⁾ with friends and family members trying to define their role, several

participants mentioned fear with regards to their own safety either at the time of a violent incident or in the aftermath of the relationship:

When he banged her head with a log, I was scared for my own safety. I guess all the times that I actually saw it [a violent incident]...He didn't care who was around at that time. If something triggered him-it could be anything-he would just go off. He just lost it...I was fearful for my life. (207) p182 (friend)

Participants in Latta's research also spoke about their fear in relation to potential outcomes for the survivor, the perpetrator, or for both parties:

He would always say, "Well, I'm going to commit suicide if you don't come back to me"...I just remember being really scared, cause he had something with a knife one day and then the whole thing with him saying he was gonna commit suicide...And I think we were scared he was gonna do something like that. Just because he was so crazy. (207) p157 (friend)

I've seen him kick the crap out of her and stuff like that. I'd be like, never again, never again [will I get involved]. But then the call would come and I'm not going to leave the kid. Because honestly, my biggest fear was that she's going to put a knife in him in the middle of the night. Or he's going to lose control and punch her lights out and really hurt her and go to jail for twenty years (207) p176 (friend)

2nd order

The authors of two studies considered the idea of fear in more detail. McNamara mentioned the fears her participants had, after their friend was murdered by her husband, in relation to their anxieties for their daughters who were of an age where they were starting to form intimate relationships themselves.^{(214) p206} She also described that fear, along with anger, sadness and helplessness, 'permeated the entire discussion' in the focus group.^{(214) p211} Latta spoke about the fears participants had whilst the survivor remained in the abusive relationship and described two possible types of risk: 'Fear of harm or death and fear of damaging or losing the relationship with the survivor'.^{(207) p180-2} Latta went on to make the connection between her participants' fear,

their heightened awareness of the seriousness of the situation, and their willingness to help, stating that *'when network members were afraid that the violence might end [the survivor's] life, they felt a strong motivation to engage'*.^{(207) p178} She also described network members' instinctual urge to intervene in situations when their loved one was in immediate danger, and the overriding of fear in these circumstances. In addition, Latta highlighted a different type of response, where fear actually led to disengagement by one particular participant because he feared direct harm to himself if he remained in touch with the couple.

A further three studies provided only second-order data regarding fear; all commentary was in relation to third-party report, in two cases from survivors and in one from fatality case review panels. Riger and colleagues⁽²¹⁶⁾ mentioned in passing that *'qualitative interviews with women with abusive partners revealed that some extended families may fear for their own safety'*,^{(216) p186} whilst Goodkind and colleagues⁽²¹⁷⁾ made the connection between direct threats to network members from the assailant, fear and increased likelihood of negative response towards the survivor, asserting that *'family and friends may be least likely to show support to survivors when they fear for their own safety'*.^{(217) p366-7} In Hobart's case review,⁽²¹⁸⁾ the author specifically mentioned the actions that friends, family and neighbours might *not* take because of fear:

People are often afraid that an abuser will know they called the police and will retaliate against them...When friends, family or neighbors fear that an abuser has a gun, it becomes very difficult for anyone other than law enforcement to intervene, but it also may be very frightening to even consider calling law enforcement.'^{(218) p46-7} (author description)

Chronic psychological impact

Grief & loss

1st order

Participants in five different studies spoke about the impact of grief or loss. Unsurprisingly, this was most frequently mentioned in contexts where participants had lost a loved one through intimate partner femicide:

We lost our only daughter. The family fell apart. The entire family is torn apart. It destroyed the whole family. (206) p118 (family member)

Mental health professionals in Spencer-Carver's study looking at impacts on caregivers post-intimate partner femicide, also mentioned the grief people experienced, describing it as the 'never ending process of adjusting to loss' (205) p76 and presenting their clients' grief as part of the very complex picture that these family members were trying to operate within. They additionally mentioned a separate idea of loss: not the loss of life, but the consequent loss of life-plans and future ideals, due to taking on child rearing responsibilities:

Taking on the care of a young child means that you have 18 years ahead of you. Some of these people were tired and that wasn't what they had envisioned. Even people who had been a primary caretaker [before the murder] for these children had been living with the illusion that the mother would step up to the plate and take this job over. There is loss of that vision for their future. And then there is the grief and loss for the actual person who was ripped from their life. (205) p62 (mental health professional)

And, in particular, these professionals highlighted that changes resulting from taking on this unanticipated childcare role could promote a sense of loss connected with people's sense of self in relation to work:

People who found a lot of validation in their work who then had their ability to work or their ability to do their job well undermined by this process; they definitely lost part of themselves in that. Work is not always a burden; work can be something that can be a real core aspect of self. The [caregiver's] ability to maintain a job is absolutely undermined by taking on this care (205) p63 (mental health professional)

For the survivors in Bennett's refuge research, and for the friends and relatives in Latta's study, the loss they spoke of was to do with relationships that had ended. A refuge worker relayed an incident where a survivor had unexpectedly decided to return home:

It really hit the others hard - they were all getting on great and they felt very let down, they kept asking me what they had done wrong and why she hadn't trusted them enough to talk about it. It made them question their friendship - they felt like she had 'thrown it back in their faces' I tried to reassure them that it was nothing to do with them, but it left them feeling very confused and hurt ^{(219) p46} (refuge worker)

Latta reported that after having been heavily involved with the survivor, almost half of the network members interviewed had lost touch with her in the years that followed, predominantly as a result of the situation itself. ^{(207) p201-4}

2nd order

In four studies mentioning participants' descriptions of grief and loss, authors spoke further about this impact. McNamara described the '*especially profound sorrowing*' of the group of women she interviewed, and described both the persistence of this grief, and how their mourning seemed to be mixed with a sense of urgency for action. ^{(214) p199}

Hardesty and colleagues mentioned the double impact for carers of managing their own grief post-intimate partner femicide alongside providing support to grief-stricken children, and the potential knock-on consequences of this on stress levels and risks to mental and physical health. ^{(206) p103} They also mentioned the seeming impossibility of families recovering from such devastating losses, even after many years had passed. ^{(206) p118}

In Spencer-Carver's research with mental health workers supporting families after fatal DVA, she likewise highlighted the complexity for caregivers of managing their own grief alongside providing effective care for children for whom they were now responsible. ^{(205) p43} She continued by mentioning the possible interaction of grief and anger, and described how pre-existing problems, such as substance abuse, could hamper people's recovery from such an overwhelming loss. ^{(205) p43&59} Not only that, but she alluded to the possibility of high social isolation resulting alongside grief, because of the stigmatised nature of their loss. ^{(205) p69-71}

With regards to loss of relationships, Bennett links in work by other authors suggesting that feelings of loss when friendships cultivated in refuges ended, whether or not this was due to a planned move, were '*similar to those associated with bereavement*'. (219) p46

Guilt, regret & shame

1st order

Participants in four studies mentioned the guilt or shame that they experienced. In Latta's study with network members trying to define their role, participant Jessica spoke of the guilt she felt about *managing* her interactions with the survivor:

Sometimes I just wouldn't answer the phone. If it was like a 3 a.m. call, I would because I was concerned it would be an emergency. But at 9 p.m., I'd be like, "I can't do this right now, I've gotta get up for work and I don't, I can't get into that place"...it was like when do I draw the line trying to get myself out of this hole?...I don't want to be dragged down...So that was definitely challenging. I definitely struggled with it. I was like, "Oh I'm a horrible person, I should be there more readily," so I did struggle with it. I had a guilt trip about it. (207) p174-5 (friend)

More generally for Latta's participants, there was a looking back on the situation with regret, with network members expressing their wish that they could have intervened before the violence started.^{(207) p198} Likewise, in McNamara's study with a group of women after the intimate partner murder of their friend, it was the *repeated* expressions of regret at not having realised the danger their friend was in that signalled the guilt they felt,^{(214) p211} and this was similarly mentioned by mental health professionals in Spencer-Carver's post-intimate partner femicide study:

There is guilt, I think that there might be more guilt with domestic violence deaths than community violence deaths. Because, "I should have seen this coming I should have taken more protection. She called me for help...What could I have done differently?" (205) p62 (mental health professional)

For the niece of the survivor and perpetrator in Erlingsson and colleagues' study, the impact described is shame rather than guilt, shame that she had not spoken out about

the abuse as she felt she ought to have, but also a deep shame about the fact that DVA had happened within her own family:

I tried to protect him, because, well...this feels so embarrassing...it's just that there is shame in that I kept myself out of it and didn't get involved...and that he is my blood relative. There is a shame in that you know...⁽¹⁹⁸⁾ p⁹ (family member)

2nd order

Three of the authors who provided first-order data described further the impacts of guilt and shame. McNamara spoke of the intimate partner murder victim's friends as experiencing regret mixed with sadness and frustration about '*signals misread and opportunities lost, in respect to Kate's acute vulnerability.*' ⁽²¹⁴⁾ p²¹³ Whilst Spencer-Carver described guilt as part of the complex emotional picture following fatal DVA alongside feelings of anger, sadness, split loyalties and fear.⁽²⁰⁵⁾ p⁶²

Hardesty and colleagues pointed out, from their post-intimate partner femicide study, that whilst none of their participants explicitly mentioned feelings of self-blame, they were clearly wrestling with the awareness they had had, prior to the murder, of the dangerousness of the situation; that they had sensed the risk, but had done nothing (or had not been in a position to do anything) to prevent the murder.⁽²⁰⁶⁾ p¹¹⁷

Erlingsson and colleagues spoke in some depth about the concept of shame that had emerged from interviews with the niece of a DVA perpetrator and survivor. They described the origin of the shame in the tension the participant experienced between her own ideals that urged her to challenge and expose the DVA, with the loyalty she felt towards her family, compelling her to tolerate the abuse and remain silent. The authors went on to describe^(197, 198) how this shame of not acting as she felt she ought in the situation, was compounded by the participant's sense that having a blood relative who was committing abuse was shameful in itself:

The family member witness described how she would not be able to look herself in the mirror if she intentionally harmed anyone, gave offence, or violated personal rights. She repeatedly described how she knew what she ought to do and

how she felt she was not living up to her ethical ideals about how she should act; as a niece, nurse, or human being...She had been trapped by her loyalty to family, her desire to protect family, and a deep shame that this was her family. (197) p35 (author description)

Erlingsson went on to stress the importance of professionals remaining aware of the potential entrapment of family members by their shame, which may lead them to act passively in spite of moral and ethical beliefs they hold about violence and abuse.^{(197) p59}

Sadness & hopelessness

1st order

Participants mentioned their sadness or feelings of hopelessness in three studies. In situations where the woman had been killed by the DVA perpetrator, McNamara described the ‘*profound sadness*’^{(214) p204} of the group of friends she interviewed, and one of Hardesty and colleagues’ participants described her struggle with depression years after the murder; seeking solace in sleep to avoid dealing with the loss she had experienced.^{(206) p118} Other participants in Hardesty and colleague’s research had sought regular counselling, sometimes over a period of years, to help combat low mood.^{(206) p118}

In Latta’s study, with friends and relatives of survivors, the DVA had not been fatal, and thus the sadness and hopelessness they described was not connected with grief. Instead the hopelessness they spoke about was related to their perception of the impossibility of effective intervention in the situation, either by themselves or by others; believing that the survivor might never be ready for help, and would continue the cycle of leaving and going back:

From what I've seen nothing ever really changes. They always go back. It's always like what will it take?...And I don't want to get a call where my friend is dead because of what this guy did, because a guy she never left. But with all those people I've known, it definitely wouldn't surprise me. It's sad to say, but maybe because I've seen so many of them now, it's almost like, well I know what happens now. I know from beginning to end what will happen so I kind of wish for the best and just hope that goes with them and that they're okay. There's only so much you can do. A friend can do, a family member, if a person

doesn't want to help themselves out. (207) p209-10 (friend)

2nd order

Both McNamara and Spencer-Carver, in research post-intimate partner femicide, discussed sadness as part of the overall grief response that those close to the victim felt.^{(214) p213 &(205) p62} With regards to feelings of hopelessness, Goodkind and colleagues, in research looking at the impact on survivors of friends and family members' reactions, suggested hopelessness as an explanation for family and friends offering reduced emotional support if a survivor returns to the abusive relationship; that members of the social network feel their previous efforts to support were in vain and begin to distance themselves.^{(217) p365} Latta described this also:

In part, the hopelessness reflected the emotional pain and difficulty of watching someone you love and care about remain in an abusive situation. Add to this the frustration of feeling like there was nothing you could do to help them and you end up with feelings of hopelessness and resignation. (207) p209-10 (author description)

Latta also mentioned that hopelessness was a reason for complete disengagement by some network members,^{(207) p226, 242-3} and suggested that being a lone support to a survivor was a risk factor for feeling hopeless:

If the burden of responsibility was shouldered by a community rather than by one individual, network members might have been less hopeless and emotionally worn out by the process of engagement. (207) p237-8 (author description)

Reduced confidence

1st order

A lesser mentioned, yet seemingly important concept was that of reduced confidence in one's own ability to develop healthy partnerships. A participant in Amar and colleagues' study, which looked at the help-seeking in college women with regards to DVA, spoke of the impact that witnessing IPV in her mother's relationship had had on her and her sister in adulthood:

It's really difficult for me because I have never seen my mom in a positive male/female relationship. So my first couple of relationships I would let people be more controlling of me. I have a twin sister and she hasn't overcome that yet. ^{(220) p115} (family member)

2nd order

The authors described young women who had been witnesses to DVA within their mothers' relationships as feeling that they lacked healthy relationship skills, and they depicted a sequence of events where young women questioned their ability to manage violence and effectively seek help in their own relationships, as a direct consequence of having witnessed an ongoing lack of proficiency by their mother.⁽²²⁰⁾

Worry & concern

1st order

Participants in three studies spoke about being worried or feeling concern. Where friends or family members knew about the DVA, they spoke about the worries they had for the survivor, particularly in relation to her safety. One participant in Hardesty and colleagues' post-intimate partner femicide study mentioned the concern she had had before the victim was killed:

I worried about him having a gun in the home and got onto them all the time about it ^{(206) p117} (family member)

And several of Latta's network member participants described events that had made them worry about the danger the survivor was in:

He's the type of person that probably would have killed her. He told her many times: "If you try to leave, I will kill you." He said that and I believe it. The things he used to do, I mean these, they weren't things for anyone to take lightly ^{(207) p157} (friend)

Other participants in the same study described their concerns prior to a certainty that abuse was happening,^{(207) p140-3,187} and mentioned a specific cause of worry at the point where the perpetrator was threatening to kill himself.^{(207) p157}

In McNamara's research with a group of women whose friend had been killed by the perpetrator, participants expressed on-going anxieties and apprehensions, that had newly occurred since the loss of their friend, and that related to male verbal aggression in communications between their partners and themselves or their children.^{(214) p208-212}

2nd order

Only Latta provided additional commentary about worry as an impact, proposing that the network members' concerns were additionally complicated by the involvement of children in the picture,^{(207) p158} and commenting that one of the ways friends and relatives sought to allay their concern was by checking-in with the survivor on a regular basis.^{(207) p187}

Powerlessness & helplessness

1st order

Participants in two of the studies described the sense of powerlessness they felt regarding the situation. For the niece of a survivor and a perpetrator in Erlingsson's work, she felt her powerlessness as a result of desiring to protect and remain loyal to her family:

Lisa described feeling powerless and immobilized; fearing that any action would be positive for one family member in the abusive dyad but negative for the other ^{(197) p35} (author summary)

Lisa lamented that whilst, as a professional, she knew what was right and ethical to do in situations of DVA, when faced with abuse in her own family, she felt powerless to challenge her uncle, which led to passivity:

...[W]ell one is stuck. One is backed up into a corner and powerless ^{(198) p15} (family member)

For McNamara's participants, following the intimate partner murder of their friend, there was a retrospective sense of helplessness, of feeling that they had somehow 'failed in their duty to protect Kate from her violent husband', although most of them had never even met him.^{(214) p204}

2nd order

Erlingsson and colleagues spoke about loyalty to family creating a sense of powerlessness that leads to inaction and the subsequent ‘*torment*’ for family members; the tension between an impetus to disclose and challenge, with a sense of helplessness and passivity:

This witness felt powerless in a situation where she believed that anything she did to alleviate suffering would also increase suffering, either for her uncle, aunt, or herself. ^{(198) p10} (author description)

McNamara listed helplessness as one of the ‘*predictable*’ impacts for network members following the intimate partner murder of a loved one by a partner,^{(214) p204} and mentioned it as having a ‘*lingering*’ effect. ^{(214) p211}

Authors Goodkind and colleagues and Latta also discussed helplessness, but without providing data from participants. Goodkind and colleagues suggested that friends and relatives may feel helpless if the survivor returns to the abusive relationship, and proposed this sense of helplessness as one of the possible explanations for network members providing less emotional support to survivors who have returned to the perpetrator on several occasions.^{(217) p365} Latta cited Goodkind and her colleagues along with research from others, and suggested that frustration and discouragement result when a survivor chooses to return to the abusive relationship, which can lead ultimately to network members feeling helpless:

When network members felt helpless as they watched their friend suffer through violence, this only exacerbated their feelings of frustration and overwhelm[sic]^{(207) p220} (author description)

Network members almost always were skeptical of any reports that the violence had completely ended. This sense that the survivors' lives had not improved - even if they were free from violence - only compounded many network members' overwhelming sense of futility regarding their involvement. ^{(207) p221} (author description)

Isolation

1st order

In three studies participants mentioned feeling isolated. For many of the network members in Latta's study it was being the only one who knew about the DVA that had an isolating effect. For example, participant Sarah had been asked by her sister-in-law not to tell her husband about the abuse, a limit Sarah agreed to abide by but only for a certain period of time because she felt the secrecy would compromise her marriage:

I said to her "If you ever are in danger and you want my help and K's help, call me. But don't ask me to compromise"- basically don't put me in the position anymore of not [telling K]. Especially when I began to realize that I don't know that she's ever going to leave D, I really don't. And I don't think it's fair for me to pretend that things are okay in their relationship, which is what she wants me to do. She wants me to pretend to K. And I said "If you allow me to be honest with K, I will be. But if you don't, I [can't continue to be involved]." And she's like "No, I don't want you to be." (207) p175-6, 202 (family member)

Similarly, whilst it was not a restriction imposed by a survivor, participant Lisa, in Erlingsson and colleagues' research, felt she could not trust others to respond in a way that she felt would be appropriate, so kept to herself information about her uncle's abuse of her aunt, whilst yearning for someone to confer with about the situation:

Lisa longed for external support in addressing the abuse situation; someone who would provide support in a way Lisa could accept and who would allow her to maintain relationships in the family. Lisa thought no one had seen (or wanted to see) the abuse or Lisa's own need for support. She perceived herself as disregarded and invisible. (198) p10 (author summary)

In the aftermath of intimate partner femicide, mental health professionals in Spencer-Carver's research talked about the isolation of victims' family members as part of the complicated picture around their grief. (205) p59

2nd order

Authors Latta and Spencer-Carver discussed isolation in more depth. Latta suggested a link between isolation and a heightened sense of responsibility; that being the lone supporter of a survivor could be both a solitary position and entail a heavy burden of responsibility for ensuring the survivor's safety:

This put them in a precarious position of both shouldering the weight of responsibility should something happen to her and wanting to protect the relationship at all costs as her sole contact. Again, the enormity of this responsibility likely took a heavy emotional toll on network members... (207) p220 (author description)

Spencer-Carver spoke about the specific isolating impact for relatives post intimate partner femicide, both between family members who had been close to the victim, and within their wider network, alluding to the double social stigma of having had DVA in the family, and having had a relative murdered:

Caregivers were affected by their own grief and loss, struggling to provide for these children while experiencing the isolation of being survivors of homicide (205) p71 (author description)

Anger

1st order

Participants in three studies described anger as an impact. The niece of a survivor in Erlingsson and colleagues' research spoke of her anger towards her uncle, the perpetrator, which had surfaced once she got past the shame which had kept her silent.^{(198) p7} Two participants in Latta's research,⁽²⁰⁷⁾ also spoke of their anger towards the perpetrator and their subsequent difficulty being around him:

And it was really weird meeting him, because she said to me, 'Behave.' And I said, 'Well, I want to kill him, you know I want to kill him, right?' And she said 'Just please behave' (207) p185-6 (friend)

I had a really hard time being around D [her brother-in-law] after that. That was the hardest part...I just was disgusted by

*seeing him. I was so angry and yet, I had to act normal... (207)
p204 (family member)*

Mental health professionals in Spencer-Carver's study looking at caregiving post-homicide spoke of anger towards the victim as one of the complexities of the grief response they saw in family members:

At the same time there is anger: "She left me. Why didn't she get out? She left me with this burden, this responsibility that I don't want or don't feel ready for" (205) p62 (mental health professional)

2nd order

Authors McNamara and Spencer-Carver, in post-intimate partner femicide studies, mentioned anger, and related it to other emotions such as sadness, frustration and helplessness that formed part of the grief process for people who had lost a loved one through DVA.^{(214) p204,211 & (205) p43} McNamara described the invasiveness of anger, commenting that along with other grief-related emotions, it had pervaded the conversations she had had with participants.^{(214) p211}

Frustration

1st order

Participants in three studies mentioned the frustration of being alongside the survivor. In Latta's study, network members spoke about frustration a great deal,⁽²⁰⁷⁾ describing the consequent exhaustion they felt. They linked the frustration with their engagement with a survivor who was remaining in an abusive relationship, and seemingly disregarding advice or suggestions offered:

After a while you, it seems you become a little bit callous about this sometimes because you try to help, you offer your advice, you offer suggestions, you spend hours on the phone helping a person out, but they never take it or they always go back to the same situation. (207) p147 (friend)

Frustration seemed to occur regardless of people's knowledge, understanding and prior experience of DVA. One participant, who had little knowledge about abuse explained

that his frustrations led him to disengage from the survivor and the perpetrator,^{(207) p198-200} while another participant, who had extensive professional experience of working with survivors, likewise spoke of her frustration in trying to support her sister-in-law:

When I worked in a DV shelter I was pretty good at not ever questioning why women were making the choices that they were making about moving back in with their partners, but I did have a moment of feeling very frustrated with L...I really believed that she was gonna get out. And when she went back, I was kind of like, oh, well, okay. ^{(207) p199} (family member)

In particular, this family member's frustration centred on her sister-in-law's insistence on getting her husband counselling help to 'cure' him, rather than getting support for herself. ^{(207) p186}

Another of Latta's participants described a revelation, which resulted from her frustration, that the survivor needed to be ready and willing to engage with support:

You can only do so much to help. You can't defeat your resources - emotional or otherwise - trying to help somebody that doesn't want you help. It's like trying to push a brick wall down... ^{(207) p208} (family member)

Participants in Bennett's research in refuge settings also spoke of their frustration with fellow-survivors, particularly where a woman had returned to the perpetrator in spite of having clearly indicated to others how abusive he was:

...[A]nd by dinner time she was talking about going home - I was gob-smacked coz she hadn't a good word to say about him - we all tried to get her to stay but by teatime she had gone! - nobody could get their heads round it ^{(219) p46} (friend)

Mental health professionals, in Spencer-Carver's post-intimate partner femicide study, spoke of the specific frustration for families and neighbours of being ignored when it came to seeking justice and a voice in court proceedings:

The father allegedly killed the mother. The grandmother would call and she would have neighbors call, too...well they saw that one night a case was in a news story about cold cases and

[realized] what that means. "They say on the news that this case has been dropped." To not be informed of that and they [the neighbors] would hear sightings of where he was. So we were able to arrange a meeting with the cold case division...the family and a lot of the extended family came to the meeting and they were listened to; I think at least they felt heard ^{(205) p46-47} *(mental health professional)*

2nd order

Latta went on to explore frustration as an impact, and described the lengthy process from disclosure to the end of the abusive relationship as exhausting and ultimately unrewarding and frustrating for many friends and family members.^{(207) p171} She explained that periods of disengagement from the situation were arguably necessary to give network members ‘*a chance to recuperate and focus on other aspects of his or her life*’ and to protect their own mental health.^{(207) p171} Latta particularly mentioned the frustration of her participants in relation to their perception of the survivor and the seeming lack of results from all that they had invested to support her:

Had she changed as a result of this process or was she just going to either continue in the same abusive relationship or eventually find herself with another abusive man? Was she happy? When the answer to these questions was no, as it frequently was, network members were left feeling as if all the time, care, concern, and energy they had put into this process were for naught. ^{(207) p198-200} *(author description)*

Latta also spoke of the potential deterioration of network member’s relationship with the survivor as a consequence of their frustration with the circumstances,^{(207) p220} and linked frustration to feelings of helplessness and hopelessness as part of watching a loved one remain with an abuser:

In addition to the stated reasons for this frustration was the deeper heartache of watching someone they loved and cared about to continue to stay in an abusive relationship. When network members felt helpless as they watched their friend suffer through violence, this only exacerbated their feelings of frustration and overwhelm[sic]. ^{(207) p220} *(author description)*

In addition, whilst providing no primary data, McNamara and Goodkind and colleagues also mentioned frustration. McNamara spoke of frustration that linked with grief and regret about lost opportunities to protect.^{(214) p204} Whilst Goodkind and colleagues, from research with survivors, proposed the network members' frustration as a possible reason why women who had separated from the perpetrator multiple times received less support.^{(217) p365}

Negative impacts on psychological wellbeing - 3rd order constructs

The acute impacts of feeling traumatised, shocked or fearful described by participants and authors, are established symptoms of both post-traumatic stress disorder (PTSD) and acute stress disorder (ASD).⁽²²¹⁻²²³⁾ The differentiation between the two conditions is that ASD is considered a more immediate, short-term response to trauma, usually lasting less than a month and tending to be more linked with dissociative symptoms.⁽²²³⁾ Both of these conditions can result in those who have directly experienced traumatic events that involve threat, but more recently attention has been given to second-hand exposure to events, with witnessing (including seeing and hearing about incidents) being shown to similarly trigger symptoms of ASD and PTSD, in both children and adults.⁽²²²⁻²²⁵⁾ For DVA, research has shown that in children who have witnessed abusive behaviours, the traumatic impact is in fact comparable to having had direct experience of a violent or abusive act.⁽²²⁶⁾ In this review, the contexts in which the participants and authors mentioned these acute psychological impacts were where the DVA had ended in the tragic death of the woman, where the friends or relatives had witnessed extreme physical violence first-hand, or for network members who had themselves been a victim of abuse. This fits with the idea that the closer people are to the situation, either by their relationship with the survivor/victim, or by visually witnessing tragic or extreme incidents, or by being able to closely identify with the survivor's experiences, the more they will be impacted in the aftermath. Some of what participants described also pointed to impact with regards to unpleasant cognitive shifts following threatening incidents, where people's underlying assumptions about the world and their sense of safety within it were challenged, leading to feelings of shock and fear.

With regards to the more chronic psychological and emotional impacts mentioned, there seemed to be different trajectories depending on whether or not the DVA had ended tragically. For friends and family members post-intimate partner femicide, much of what was described related to bereavement, with network members feeling a combination of sadness, regret and anger as models of grief might predict.⁽²²⁷⁾ However, there were of course a number of factors that made their grief more complex than usual, because their loved one had been murdered rather than having died naturally, and the murder had been committed by someone they knew. In addition, because the woman's death often resulted in any children she had had effectively losing both of their parents, the friends and relatives who became caregivers experienced enormous change, upheaval and struggle as a result. There is also particular stigma attached to violent deaths which may lead to the isolation of those who knew the victim, and without a sense of meaning about events, it is difficult for people to move on; thus, the grief process can stall. Along with these added complexities to the picture of loss experienced, many people may have been suffering from PTSD, as previously mentioned, and this is known to impact on bereavement (and vice versa), inhibiting the normal mourning process, which can result in people being at higher risk of developing complicated grief;⁽²²⁸⁾ grief where symptoms last longer, are more intensive, and are more painful in comparison to the majority of bereavements.⁽²²⁹⁾ This necessarily impacts on people's wellbeing, and has been shown to be associated with further physical and mental health sequelae.⁽²²⁹⁾

For network members whose loved one had not been killed, the picture was somewhat different, often with powerlessness feeding into frustration, leading to anger and emotional exhaustion, which could prompt the friend or relative to disengage from the survivor if the situation persisted. Their sense of helplessness mirrored that of the survivor, with both feeling the entrapment of the situation, but frustration inevitably followed as network members began to feel that their investment of time and energy was bearing little fruit. Of note, even those who worked with DVA survivors or who were survivors themselves, described their frustrations, that there was something very difficult about supporting someone they knew and cared for who was making choices

they did not agree with. For survivors living in refuge, seeing a fellow resident return to their partner may have been both uncomfortable and frustrating because it brought into question the solidity of the decisions they themselves had made, and the solidarity between those with whom they were residing: it was experienced as a form of breaking ranks. For those who had not experienced abuse themselves, but were used to working in a professional capacity with survivors, their experience of being alongside a survivor who was a friend or relative was qualitatively different from their working role, because they had an emotional investment in the situation requiring their long-term commitment. Frustration towards survivors choosing to remain in abusive relationships could lead to emotional fatigue in network members, and witnessing or disclosure of incidents over time led to anger towards the perpetrator, which remained unexpressed because they had to remain neutral around him. Shame, worry and isolation acted as compounding features producing a melange of distress, and it was clear that friends and relatives lacked voice and outlet for what they were experiencing. Where the survivor left the relationship, the psychological impacts subsided over time. If she remained with the perpetrator, friends and family members sometimes took active steps to manage the situation in order to cope with the emotional toll, for example by putting boundaries around contact in place or by choosing to disengage from the situation.

The psychological impacts described here are not unique to those supporting a friend or relative through DVA; research with carers of patients with all sorts of health conditions such as cancer, COPD, dementia and hypertension, likewise describe the fear, stress, helplessness, worry and depression that those providing support experience.⁽²³⁰⁻²³²⁾ But DVA is not a health condition, though of course it has health repercussions, and the experience of friends and family members supporting a survivor, rather than a patient, may be more akin to that of supporters of people with substance abuse problems or those with eating disorders because they have a similar social stigma attached, and are considered by the general population as inherently having an element of *choice* i.e. a sense of agency is attributed to sufferers. In a paper by Highet and colleagues which explored the impact of anorexia and bulimia on carers, the overlap between psychological and emotional impacts with those mentioned in this section was high.⁽²³³⁾

Concept 3: Direct impacts from the perpetrator

The idea that perpetration would impact directly on those surrounding a woman experiencing DVA did not come as a surprise, however the *extent* of perpetration described, and some of the more far-reaching effects mentioned in the articles came as a revelation.

More than half (thirteen) of the papers revealed, either through research with network members or with third parties, a level of direct perpetration against friends, relatives and co-workers. Participants not only described physical violence, threatening behaviour and harassment from the main perpetrator, but also in some cases, from the perpetrator's network, or even their own partner as a result of living in a community environment where DVA was endemic. Subthemes described within the topic were risk to physical safety, terrorisation & threats, and harassment, and there was frequent interweaving of these themes in both participant and author discourse.

Risk to physical safety

1st order constructs

In addition to the fear participants mentioned, several described being at real risk of physical harm or even death themselves. One participant in Latta's study felt she was in danger when her friend's boyfriend was angry; that the potential was there for him to harm her as well as her friend,^{(207) p180-1} and in Hardesty and colleagues' study, a neighbour and close friend of a victim of fatal DVA discussed her struggle with ongoing concerns for her own safety; feeling in danger from the perpetrator when the murder happened, and then from his family when the case came to court.^{(206) p119}

In response to feeling unsafe, friends and family members described avoiding perpetrators and, in some cases, excluding them from their own nuclear family rather than risking potential violence.

Third-party report, in the Washington State Domestic Violence Fatality Review⁽²¹⁸⁾ and in Salari's media review,⁽²¹⁵⁾ highlighted the extent of the danger by mentioning secondary victims in cases of intimate partner femicide. The murders of friends and relatives

mentioned in these articles took place during the same incident as the murder of an intimate partner, and in Hobart's review,⁽²¹⁸⁾ ten adult friends and family members, three new boyfriends, and one work colleague of the primary victim were killed.⁽²¹⁸⁾ Salari's review of intimate partner homicide-suicides found that sixteen secondary victims were also injured or killed, and she highlighted that in contrast to cases where the perpetrator was primarily suicidal (where secondary victims were often killed whilst sleeping or otherwise unaware of their fate), that in cases perpetrated by an intimate terrorist there tended to be a protracted period of terror for secondary victims before they were murdered.⁽²¹⁵⁾ Two horrific cases were described that illustrate both the danger to neighbours in the vicinity and the long-term pursuit and murder of both an ex-wife *and* her current partner:

...[T]he couple was recently estranged after a 38 year marriage, the husband (60) had calmly played golf in the morning and later that day chased his screaming wife (57) down street and shot her in the back of the head. When police arrived, he shot himself. These events took place in front of the neighbours, who were severely endangered and traumatized by the incident ⁽²¹⁵⁾ *p448 (author summary)*

In a Pennsylvania case, the former husband (78) (divorced 30 years ago) stalked and found his ex-wife (75) and her current husband (71) and killed them in their own basement, before he killed himself at the scene ⁽²¹⁵⁾ *p448 (author summary)*

In addition, studies by Hobart,⁽²¹⁸⁾ and Hardesty and colleagues⁽²⁰⁶⁾ gave examples of women who had been murdered by their sisters' estranged partners (one shot and one stabbed to death) and Hobart's fatality review also mentioned two men who dated a survivor after her divorce and were consequently assaulted and threatened themselves; with one man having his nose broken by the perpetrator and another receiving death threats.⁽²¹⁸⁾

Data from two studies by Swanberg and colleagues showed that the risk of physical harm to colleagues of survivors was also very real; that it was part of the repertoire of interference tactics that perpetrators frequently employed in survivors' workplaces.^(200, 201)

Research data collected by Riger and colleagues, Latta, and Davis and colleagues^(207, 216, 234) demonstrated the varying influence that this risk to network members had, and the fear that it engendered for the survivor herself:

He came back, and my aunt lives next door to me in another apartment. He came back with a shotgun, a shotgun...He broke my front door...I don't know how he broke my aunt's door from the side. ^{(216) p196} (survivor)

A further study by Wolf and colleagues⁽²³⁵⁾ also reported risk of harm to friends and family; showing that whilst women who sought protection orders were less likely to be physically assaulted or injured themselves, that their family members or friends were actually *more* likely to be physically assaulted if they had taken this action.

Taking a step towards a broader picture of perpetration, work by Raghavan and colleagues, which considered associations among community factors and partner violence, showed a relationship between network IPV and personal experience of IPV.⁽²³⁶⁾ This indicated that having people around them who were experiencing abuse from an intimate partner increased the likelihood of participants experiencing abuse in their own intimate relationship.

Hobart's study described a more unusual take on the direct risks to physical safety for friends and relatives, where network members had been forced into a position of self-defence by the perpetrator and ended up killing him.⁽²¹⁸⁾ In the cases mentioned, the act of self-defence was often precipitated by the abusive ex-partner forcing his way into the survivor's home, making threats, and assaulting her or others present.⁽²¹⁸⁾

2nd order constructs

In articles describing fatal DVA ^(215, 218) authors highlighted the increased risk to friends and relatives, and the potential for what Hobart's fatality review described as '*devastating violence*'.⁽²¹⁸⁾ Even where the outcome of the DVA was less extreme, the authors drew attention to the potential for harm from the perpetrator spilling over into the lives of those closest to the survivor, including their family, friends, co-workers and neighbours.

Davis and colleagues, Wolf and colleagues, and Riger and colleagues proposed that this potential for harm, or actual harm, had an influence on the decision-making of the survivor, particularly whether or not she disclosed to her family and asked them for support, whether or not she sought help from professionals (for example by obtaining a court order), and whether or not she left the relationship.^(216, 234, 235) In addition, there was a suggestion that fear for their own safety would also affect the reactions and assistance offered by family and friends,^(207, 216) for example by showing less support or by purposefully distancing themselves from survivors:

In Ron's case, his own fear of being hurt, combined with other factors, led him to disengage with both the survivor and perpetrator. ^{(207) p181} (author description)

Perhaps somewhat counter-intuitively, Latta discussed the possibility that threat to physical safety could steer network members to *increase* their engagement; suggesting that in some cases it heightened awareness of the gravity of the situation, enhancing the empathy of network members, and accordingly their resolution to help.⁽²⁰⁷⁾

Two papers reported impact at community level - the paper by Raghavan and colleagues regarding neighbourhood-level factors as possible predictors of IPV, and Salari's paper reporting patterns of intimate partner homicide-suicide.^(215, 236) Rather than reduced physical safety from the person who was perpetrating abuse against the survivor, the authors of these papers considered the increased risk to physical safety for friends and relatives from within their *own* relationship. In other words, they proposed that having friends or family members who had experienced IPV, increased one's own risk of experiencing abuse from one's own partner, both directly and indirectly.⁽²³⁶⁾ Similarly, Salari described the potential contagion effect in homicide-suicide DVA cases, noting that events often did not exist in isolation but as a cluster in the local geographic vicinity.⁽²¹⁵⁾

Terrorisation & threats

1st order constructs

In addition to the potential for direct physical harm, some studies highlighted the number of people in the survivor's network who had experienced threats, terrorisation or intimidation by the perpetrator. In research by Wolf and colleagues, survivors reported not only an increased risk of actual violence to their network members as they sought a protection order, but also of threats that were being made against these people.⁽²³⁵⁾ In work-place settings, survivors described perpetrators making direct threats against their co-workers,⁽¹⁹⁹⁻²⁰¹⁾ with work by Swanberg and colleagues demonstrating that this interference tactic was often used repeatedly.⁽¹⁹⁹⁻²⁰¹⁾

Mary, a participant in Latta's research, which looked at the struggles of friends and family members to define their role, described her suspicions that her friend's husband was making threats to harm her, the furtively menacing behaviour that included following her, and her decision to refuse to be intimidated by him:

I came out of work one night and my tires had been deflated. They hadn't been slashed, they'd been deflated. [He stole something out of my car that meant a lot to his daughter.] I mean, I can't prove it was him but nobody else would have thought to do it. And after that I got a different car, I parked in a different area...^{(207) p204-5} (friend)

Third-party report in Hobart's fatality review⁽²¹⁸⁾ revealed something about the extent of threatening behaviour from perpetrators that was directed towards family and friends, and the potential for its escalation, with almost two-thirds of narratives mentioning the abuser's threats to kill someone other than the woman herself. One perpetrator made threats to 'blow (the) head off' his girlfriend's mother, and then a month later, threatened to kill the family of his subsequent girlfriend. A short while after, this assailant broke into the home of his estranged girlfriend where he shot her and her sister.^{(218) p80}

In research by Goodkind and colleagues, survivors described what they saw as negative knock-on effects from this threatening behaviour directed towards friends and family

members: that people in their social network reacted, as a result, more negatively towards *them*.⁽²¹⁷⁾

2nd order constructs

Commentary from authors about threatening behaviour of perpetrators towards family and friends focussed on information that came from reports by survivors. Authors described the potential for members of the survivor's network to be subjected to threats, as part of a wider picture of harassment, destruction of property and actual physical harm. Goodkind and colleagues, Riger and colleagues, and Latta all noted the particular strength of influence that direct threats to relatives or friends may have on ensuing perceptions and responses from these people.^(207, 216, 217) In addition, Riger and colleagues described threats as *'intimidation tactics designed to achieve a woman's compliance'*, explaining that, though aimed at others, these threats negatively impacted on the survivor's emotional well-being.⁽²¹⁶⁾ They suggested that, in consequence, survivors may be influenced in how they obtain protection, with a pattern where women seek shelter from families initially, but are hesitant to stay for fear of endangering loved ones.⁽²¹⁶⁾ Riger and colleagues observed that most people related to a survivor, in spite of the potential risks to safety, had nevertheless been willing to provide housing and support.⁽²¹⁶⁾

Harassment

1st order constructs

Harassment by the perpetrator was a further subtheme that emerged, although all revelations were from third parties. From the fatality case review conducted by Hobart, the extent to which harassment encompassed those surrounding the survivor was clear:

...[T]hree stalkers each engaged in one or more of these behaviors:...calling family members, harassing friends for information...Friends and family were often caught up in or concerned about the stalking...In another case, the abuser stalked his ex-wife, learned she was dating another man, and then began stalking the new boyfriend as well. ⁽²¹⁸⁾ p57-8 (author summary)

In a health impact assessment on DVA, carried out by Hoile, findings indicated that all of the survivors' families were '*to a various degree, intimidated, harassed or bullied*'.⁽²³⁷⁾ Five further studies, by Swanberg and colleagues, Riger and colleagues and Latta showed that perpetrators often called the woman's friends and co-workers in an attempt to find her, sometimes with high frequency.^(199-201, 207, 216) The colleagues of women who had chosen to make a disclosure in the work place were more likely to have been on the receiving end of this harassment.⁽²⁰¹⁾

2nd order constructs

No explanatory remarks were expressed by authors about the issue of harassment.

Direct impacts from the perpetrator - 3rd order constructs

It was clear that threat to safety was potentially an issue for anyone who was part of the social network of a survivor: beyond simply thinking about nuclear family members and close friends, we also need to take neighbours, subsequent partners and co-workers into consideration. In addition there seemed to be a degree of mirroring between survivors' experiences of physical abuse, threats and harassment, and the actions of the perpetrator towards those in her social network, with the tactics found in this review mapping onto elements of the Duluth Power and Control wheel.⁽⁴⁵⁾

Fear and threat were mentioned a great deal in conjunction with possibility of actual physical harm, and it may be that these underpin influence on behaviour, both that of survivors in considering how their actions might increase risk for others, and that of network members in determining whether to distance themselves from the survivor or provide enhanced support. From the network member's perspective, a desire to remove oneself from a fear-provoking situation may be as simple as a *flight* response, for others it appeared to act more as a *wake-up call* to increased solidarity.

Certainly, where the violence had reached life-threatening levels, the research indicated a not insubstantial risk of physical harm to those associated with the survivor, with indication in at least one case of the disturbing persistence of danger long-term. Having said that, it is noteworthy that in all the murder cases reported, the killing of a friend or

family member took place concurrently with the intimate partner femicide, so it is possible that physical proximity and/or attempting to intervene are key parts of the picture around fatal impact. Similarly these proximity factors are mentioned in cases where the outcome was the death of the perpetrator at the hands of a friend or family member acting in self-defence.

Threats by a perpetrator against friends, family and co-workers appeared to have a number of functions. At their most transparent, they were communications of intended harm, and indeed the articles mentioned cases where threats had led to actual harm. Being threatened also created a sense of fear that impacted on the survivor and on her network. Where threats against friends and relatives were communicated to the survivor, there was potential for influence on her help-seeking behaviours. Where threats were expressed directly to network members, the possibility for additional manipulation was created, with the perceptions and responses of friends and family toward the survivor being affected.

The issue of perpetrator harassment was described as an interference tactic, one of '*hounding*' the friends, family and colleagues for information, but with no real mention of the distress that it might cause or any affects that it might have. It may be that this perpetrator tactic, like that of making threats, was rooted in the intention to further isolate the woman. Harassment of members of the social network creates a barrier such that people feel less inclined to remain involved in the situation and the survivor feels a sense of embarrassment and reduced connectedness.

Both the directly threatening behaviour and the harassment experienced by individuals in the survivor's social network had the potential to impact on wellbeing.⁽²³⁸⁾ Psychologically, we know that depression, anxiety and PTSD can result, and physically that sleep can be affected for people on the receiving end of these kinds of behaviour.^(239, 240)

Concept 4: Beneficial impacts on psychological wellbeing

The mention of positive impacts on psychological wellbeing was surprising. In total, eleven papers mentioned or alluded to constructive or affirming effects of finding

oneself in the position of supporting a survivor, and predominantly the voices reporting this were the network members themselves rather than third-party report. The papers included three where research focussed on the impact of DVA (including having a survivor as a friend or relative) on the attitudes and practices of healthcare professionals towards patients who had been abused. A further three examined the relationships of survivors with one another – two within refuge settings and one in relation to safety conferencing – and these described interesting interplays between support provision and support receipt. The subthemes that constituted the beneficial impacts were: validation of progress, increased self-esteem, self-revelation & heightened awareness, altruism & sensitisation to the needs of others, reciprocity, inner strength and closer relationship to God.

Validation of progress

1st order constructs

The idea that being a friend to a woman who has experienced DVA could validate the progress that other survivors had made was introduced in Henderson's study researching peer-provided social support in refuges.⁽⁹⁹⁾ Survivors reported that once they had been in the transition house for a couple of weeks, they experienced an inclination to help other women who had newly arrived:

They felt that they understood what the new women were going through and that they were equipped to help...these women enjoyed the new feelings of confidence as well as the proof that they had made progress from the stage where they felt as needy as the new women ^{(99) p122} (author summary)

2nd order constructs

Henderson went on to describe the validation of progress as a process where '*the ability to offer support was viewed by the "givers" to be evidence of their own recovery*', ⁽⁹⁹⁾ and spoke of the reinforcing and long-lasting impacts of this.⁽⁹⁹⁾

Increased self-esteem

1st order constructs

Linked with the notion of progress validation was the experience of increased self-esteem that survivors in Henderson's study also spoke about;⁽⁹⁹⁾ where participants described feeling good about themselves, experiencing a new sense of confidence and an increased sense of self-respect, as a consequence of being able to offer friendship to fellow survivors:

...[T]hat's why I was doing everything I could do. It made me feel good about myself again because I wasn't feeling good about myself so I'd be trying to do all those nice things for people ^{(99) p124} (survivor & friend)

It helped me, yes, you know, giving me a little bit more respect for myself, because other people were asking for my opinion ^{(99) p123} (survivor & friend)

2nd order constructs

Bennett commented that the ability to offer support was seen by survivors as an important part of regaining their self-esteem,⁽²¹⁹⁾ and Henderson described the *need* survivors experienced to help newly arrived women, that by working to support other survivors' emotional wellbeing that they also boosted their own.⁽⁹⁹⁾

Self-revelation & heightened awareness

1st order constructs

Of the studies which mentioned a sense of self-revelation, one predominated. This research, by McNamara, explored the impact of fatal DVA on a group of five female friends of the victim.⁽²¹⁴⁾ Participants spoke of their loss as having given them a greater awareness of the relationships in their own lives, such that they scrutinised interactions between themselves and their partners. They also described paying closer attention to their children's relationships with others, and found themselves evaluating and challenging even the relationships of casual acquaintances:

I've changed...at different (corporate) events even if I haven't

known the women I'm right on to it...I'm like a Jack Russell. If I have to say 'do you want to talk', I do...I weigh every word now and look at the meaning ^{(214) p209} (friend)

Two further studies, which looked at friendships in refuge settings^(99, 219) also made brief reference to this heightened awareness, with one participant describing how sharing her story with other survivors had opened her eyes to her own experience:

And I guess I didn't realize how abusive, until I got to speaking to people in the house and, hearing myself telling the story about how he was before made me think, geeze you know, that's been awful ^{(99) p123} (survivor & friend)

2nd order constructs

Henderson described the self-discovery and illumination that survivors experienced as they shared their story with fellow survivors:

Sometimes when women heard themselves tell their own stories they felt as if they were hearing it for the first time and that was sometimes like a revelation ^{(99) p123} (author description)

Bennett similarly claimed a connection between survivors sharing their histories with other women in refuge and consequently '*finding themselves*'.⁽²¹⁹⁾

McNamara suggested that the self-revelation, and the challenging of the *status quo*, that resulted following the intimate partner murder of a close friend, appeared to have generated a degree of reconfiguration in power differentials and role definitions within the relationships of her participants.⁽²¹⁴⁾ Moreover, she indicated that since the murder of their friend, the women in her study had become hypervigilant to DVA, with raised levels of concern about all relationships around them.⁽²¹⁴⁾

Altruism & sensitisation to the needs of others

1st order constructs

Some network members in both Hardesty and colleagues' and McNamara's studies, in the aftermath of intimate partner femicide, described their experiences as having given them an impetus and desire to reach out to other abused women, and indeed several of

their participants had already found ways to do so.^(206, 214) In addition, several network members in Latta's study expressed not only an increase in their compassion and understanding for their friend or family member during the journey alongside them, but also a more general raising of their awareness, making them more '*cognizant of how difficult being in an abusive relationship was*'.⁽²⁰⁷⁾ In particular, Sarah, who had worked with survivors in a professional capacity, described how going through this process with her sister-in-law had changed her perspective:

I saw, began to see how people have to kind of go through a process with this kind of stuff. They are not going to walk away from their first conversation with you and fix the relationship
(207) p207 (family member)

In addition, a survivor in Swanberg and colleagues' study, looking at DVA and employment, remarked on how well she felt her manager could relate to her situation, and described feeling that this was as a result of her manager having helped her own daughter through a very similar experience.⁽²⁰⁰⁾

Beyond this sensitisation and sense of altruism in the personal realm, there were also three studies which highlighted participants being impacted such that they were better able to perform their job, having become more aware of the needs of others as a result of exposure to DVA. Moore and colleagues, Christofides and Silo, and Stenson and Heimer all conducted research with health workers,⁽²⁴¹⁻²⁴³⁾ and reported that exposure to DVA (either directly in their own relationships, or in that of an immediate family member) had impacted on their participants' clinical practice with DVA survivors. Christofides and Silo demonstrated that those whose exposure to DVA pertained to an abusive relationship of a friend or family member, were more likely to have identified cases of DVA⁽²⁴¹⁾ and to have shown survivors better care, higher even than those whose exposure to DVA had been within their own intimate relationship. Stenson and Heimer's study,⁽²⁴²⁾ with Swedish healthcare workers, reported similar findings: that staff who had an awareness of violence within their own family or among acquaintances were more likely to identify abused women than those who had had no exposure to DVA.⁽²⁴²⁾

2nd order constructs

Authors of papers reporting studies with healthcare professionals,⁽²⁴¹⁻²⁴³⁾ explored a very particular slant on being sensitised to the needs of others as a beneficial impact, with the benefits not necessarily to network members on a personal level, but rather on a professional level; being better able to respond to patients in their care. Moore and colleagues suggested that attempting to identify women being abused was increased as a result of exposure.⁽²⁴³⁾ Christofides and Silo build on this idea, proposing a mechanism through which exposure to DVA in the lives of family or friends positively influenced the identification and management of DVA; that it was the degree to which clinicians identified with survivors that influenced their subsequent caregiving.⁽²⁴¹⁾

Reciprocity

1st order constructs

The interplay between roles of *supporter* and *supported* within friendships between survivors was described in three articles, and seemingly captured something of the beneficial effect of exchange or *reciprocity* within these relationships. None of the papers reported direct information from participants about this.

2nd order constructs

Pennell and Francis, in research looking at the possibility of safety conferencing for cases of DVA, noted that whilst survivors were concerned that it would inconvenience others to attend a meeting in support of them, they were only too keen to *be there* for others:

Here again they (survivors) worried about becoming a burden...Nevertheless, they all immediately said they would "go" to each other's safety conferences ^{(244) p682} *(author description)*

Henderson highlighted the awareness survivors had of the benefit *they* derived from being in the position where they could assist others,⁽⁹⁹⁾ describing the parallel processes of reciprocal exchange:

...[T]he two functions are in fact occurring concurrently, i.e., the identified support receiver is actually giving support while

receiving it and the identified support giver is actually receiving support while giving it ^{(99) p125} (author description)

Henderson further commented that survivors, who sought out someone to whom they could provide assistance, were primarily motivated by their own needs rather than necessarily those of the person they sought to help.⁽⁹⁹⁾

Raghavan and colleagues commented on the *limitations* of reciprocity in community settings where rates of DVA are high, noting that even if network members are sympathetic, that their own situations (of being in abusive relationships themselves) may in fact preclude them from providing tangible assistance.⁽²³⁶⁾

Inner strength

1st order constructs

The further beneficial impact of having become stronger emotionally as a result of journeying alongside a survivor was described in two very different scenarios by network members. The first was in the aftermath of the intimate partner murder of a loved one,⁽²⁰⁶⁾ and the second was where friends and relatives felt that the survivor had learned from the experience of DVA and had moved on to make, what they perceived to be, healthier choices.⁽²⁰⁷⁾

2nd order constructs

Hardesty and colleagues were keen to point out in their post-intimate partner femicide paper that although one of the caregivers they interviewed concluded that the challenges over the years had made her stronger, that there was also a lack of choice for her given her situation; they described her as having *had* to be resilient and not fall apart because of the children now in her care.⁽²⁰⁶⁾

Closer relationship to God

1st order constructs

Finally, regarding beneficial impacts, one lone participant mentioned the dimension of spiritual impact, and in her situation she perceived this as beneficial: a caregiver, in

Hardesty and colleagues' study in the aftermath of intimate partner femicide, mentioned that her family became more involved in church and '*closer to God*' as a result of the void left in their lives after the children's mother had been killed.⁽²⁰⁶⁾

2nd order constructs

No author commented on the possibility of beneficial impacts on spiritual wellbeing.

Beneficial impacts on psychological wellbeing - 3rd order constructs

In scenarios where friend or relatives were themselves DVA survivors, there appeared to be a strong pull towards offering support to abused women who crossed their path. From the research based in refuge settings, involvement with other survivors by befriending them and by sharing their own account was experienced as beneficial. The impacts, in particular, for survivors supporting survivors seemed to be around validation of progress, increased self-esteem and self-revelation, and a sense of reciprocity. Feeling the desire, and being in a position where it was possible to offer assistance to another survivor was experienced as an indication of the steps made, and the growth and development achieved. Moreover, the beneficial impacts of providing friendship to other survivors included opportunities to offer opinions or do things for others that increased the women's overall sense of competence and self-worth. When a survivor offered support to a friend or family member who was experiencing violence, it is possible that a sense of reciprocity developed as they banded together in common cause, identifying with one another and finding solidarity. Whilst the idea of beneficial psychological impacts for members of the survivor's social network initially seemed somewhat paradoxical, perhaps it should not be so surprising; after all one of the underpinning concepts about the refuge set-up was that women gained in a variety of ways from interacting with one another by living in this communal context.^(2, 245)

Moreover, if we look beyond DVA, and consider wider literature related to suffering and gain from altruism, it becomes clearer that these beneficial effects are far from unlikely. Staub and Vollhardt consider the connection between suffering and helping other people, and suggest that there is indeed a promotion of healing possible for the likewise-victimised helper.⁽²⁴⁶⁾ They point to '*survivor mission*', which refers to a deep

commitment by victims of violence to be part of the prevention of future suffering, and propose that genuine post-traumatic growth occurs when cognitive changes are transformed into action, including the activity of supporting others. They go on to suggest that supporting likewise-victimised others can give new meaning to life, reduce feelings of vulnerability and develop a stronger sense of self. Reciprocity, finding *voice* in sharing stories of suffering, and increased self-efficacy are also mentioned as beneficial by-products of this altruistic behaviour. Similarly, studies by Stidham and colleagues and Grossman and colleagues, collecting data from survivors of childhood sexual abuse, express the very salient desire of participants to support others, with some explicitly stating that it would be part of their own healing or recovery.^(247, 248) Correspondingly, studies of those who have experienced life-threatening health conditions, such as cancer and stroke, also describe altruistic intent in participants who feel that they want to '*give something back*', citing the fostering of happiness and life satisfaction as potential gains from this social giving.^(249, 250) Midlarsky's work on altruism proposes several ways in which helping others may serve to benefit the helper: that it can provide distraction from one's own troubles, that it can enhance the sense of meaningfulness and value of one's life, that it has a positive impact on self-evaluations and perceived competence, that it increases positive mood, and that it facilitates social integration.⁽²⁵¹⁾ Again, that there should be beneficial impacts for DVA survivors supporting fellow-survivors, should not come as a surprise since there are echoes here of fundamental principles on which the refuge movement was built; the recognition of shared oppression and the development of consciousness-raising groups.⁽²⁾

On the whole, the findings from this literature review regarding the benefits of survivor support to fellow-survivors are consistent with these ideas. However, there was an exception to this, in communities where general levels of violence were high. Here the potential for reciprocity appeared be constrained by survivor and perpetrator assumptions about the normality and acceptability of DVA, and by survivors' lack of resources to provide tangible support for one another.

For those friends who were not survivors themselves, there seemed to be something similar but subtly different happening. In the aftermath of either intimate partner

femicide or the survivor choosing to leave the relationship, friends appeared to have an experience of self-revelation regarding their personal situation and how they viewed relationships more generally. It may be that these events were so dramatic that they necessarily prompted a time of reflection and evaluation; causing people to consider their own lives and their connections with others. Several network members described a consequent need to *do* something to support others, which was also somewhat reflected in data from healthcare workers whose clinical responsiveness to abused women was enhanced as a result of DVA exposure. There are several possible explanations for this knock-on effect: network members who had supported a survivor and seen positive outcomes of this assistance may have felt edified and inspired to support others, or some may simply have been more sensitive and observant generally to distress in those around them, and thus were more likely to identify DVA in both their social world and their professional world. There was also the interesting finding that identification and positive management of DVA was more influenced by exposure to abuse in the relationships of friends and family than it was by personal experience, suggesting perhaps that some survivors may feel cautious about an increased sense of involvement, whereas people linked with, but not in an abusive relationship themselves, may feel more able and inclined to assist professionally.

People attempt to make sense of tragedy and to continue with life in a variety of ways; for those with an existing faith, it could be a time of drawing nearer to God, and of greater engagement with others within their faith community.

Concept 5: Practical impacts

Nine of the papers mentioned at least one practical consequence, with quite a few mentioning several in conjunction. The subthemes were: providing care and support for children, impact on finances and work, disruption of daily rhythm, dealing with authorities, and providing accommodation. The mention of practical impacts was largely third-party report, in particular by mental health professionals and survivors.

It is debateable whether the practical impacts on everyday living fall within the sphere of the *health and wellbeing* impacts on friends and family members of DVA survivors.

However, the information reported in the articles interwove practical impacts with negative outcomes and, in some cases, seemed to suggest that the former were precursors to the latter. Because of this entwining, many of the first and second-order constructs in the previously described themes highlighted practical impacts in addition to health, wellbeing and risk impacts so, to avoid repetition, only the third-order constructs will be presented here.

Practical impacts - 3rd order constructs

For tangible support, survivors turned to families predominantly, and other network members rather less. This practical support took many forms including: support with children, financial assistance and provision of accommodation. The overall secondary effect was one of complete disruption of the network member's daily life.

There were two levels of child-caring responsibility described by network members. The first was where friends or family provided some support, beyond that which was usual, but the survivor continued to be the primary caregiver. Within the particular context of a refuge, *shared* childcare was again an indication of the reciprocity engendered in this environment. However, rather than being described as beneficial, it was experienced by survivors as one of the more challenging aspects of communal living. This could be as a result of varied parental practices within close proximity making it difficult for survivors to consistently enforce their own, or as a result of feeling that they are unable to be assertive about *not* taking on unwanted additional responsibility.

The second level was where family members became the principal caregivers, in place of the parents, and most usually it was the maternal grandparents of the child who took these roles. This more often occurred when the DVA had become extreme, where family members intervened because the mother was unable to meet the needs of the child as well as remain safe, or in the aftermath of her death, when relatives stepped into the breach. Network members could have been motivated by the possibility that support provision might enable the survivor to leave the abusive relationship, but more often they were thrown into the caregiver role as a result of escalating circumstances. The knock-on impact on their health, having been handed this child-caring responsibility,

was alluded to by only one author and the idea was not explored in detail. There was suggestion of the mechanism by which this could occur in cases of fatal DVA, with the cumulative effect of the caregiver's trauma and grief, the responsibility of caring for traumatised children, and the loss of vision and hope for one's own future contributing to an overwhelming sense of burden, which then reduced health. In addition, the decreased capacity (both financially and in terms of availability) of the caregiver to address their own health needs could inhibit preventative self-care, so that health and well-being are not prioritised and thus decline.

Even in scenarios of non-fatal DVA, some network members found themselves in the position of providing accommodation to a survivor and/or her children. Families regularly offered this kind of support and may have done so to encourage the survivor not to return to the relationship and to make a fresh start. No author described the impact of this strain on resources and space, although at least one mentioned the idea that survivors sometimes rotated between relatives, indicating that this was more of a short-term rather than longer-term solution. This could be as a result of pressures that come with overcrowding, or it could be an attempt to keep everyone (the survivor, her children and the network members) safe as a result of on-going pursuit by the perpetrator.

The predominant financial impact of DVA on network members appeared to be as a result of undertaking additional childcare responsibility. Incorporating children into their world, even with a degree of state support, was expensive, and where the possibilities for working were also reduced, families ended up struggling. Due to the majority of post-intimate partner femicide caregivers being the grandparents, age was a factor too, since many were nearing, or already in, retirement and trying to support their grandchildren on a pension. Other financial impacts mentioned were as secondary results from the death itself, for example where the grief and strain increased health problems, or negative coping strategies, which themselves created an economic toll.

DVA still carries a legacy of being considered a *private* matter, and network members may have felt that it was not their place to intervene by being in touch with agencies and authorities. Apparent exceptions to this were when network members were

approached, by the survivor or another network member, with direct requests for particular knowledge about organisations, or for support to engage with these, particularly around legal processes. Direct, specific requests reduce ambiguity and, as Goldman and colleagues showed outside of the field of DVA, they result in the greatest likelihood of helping behaviour from others.⁽²⁵²⁾ The second exception was when network members, out of frustration, chose to disclose information to the police hoping that the perpetrator would be detained as a result. It could be that there is a threshold at which people feel some sense of necessity to intervene to prevent further harm by interrupting the seemingly perpetual, although their motivation may be, at least in part, to reduce their own discomfort and anxiety about the situation.

All of these practical impacts present a picture of disruption to the normal routine for friends, family members and colleagues of women experiencing DVA. Neighbours, who may not have a personal relationship with the survivor, would not necessarily experience practical effects to the same degree. However, two papers did allude in passing to the disruption of daily life for this group, both in terms of missed contact with a survivor's child, who had been a significant part of the neighbour's schedule, and in terms of the disruption that memories of the violence brought to members of the same sheltered accommodation complex where an intimate partner homicide-suicide had occurred. In both cases there appeared to be some post-traumatic stress evident following the intimate partner murders, perhaps being triggered by the physical proximity of neighbours to the location of the shocking event. The daily visual reminders may keep it forefront in the mind, making it difficult to distract oneself, therefore interrupting everyday life.

4.5 Conclusion

Whilst providing glimpses of insight from articles considering different but related subjects, this systematic literature review has highlighted the large gap in research that specifically addresses the health and wellbeing impacts for friends and family members of women experiencing DVA. The concepts generated from this systematic literature review were used to form the basis of the topic guide for the qualitative interviews that

followed (the topic guide is in Appendix 9 and further description of its development is in Section 5.5). The findings from this review will be further considered along with the findings from the qualitative interviews in Chapter 7.

4.6 Chapter summary

This chapter has explored findings from the first of two studies, a systematic literature review, looking at the impact of DVA on the friends and relatives of survivors. The next chapter describes the methods undertaken in a subsequent study using qualitative interviewing to capture first-hand experiences.

Chapter 5: Qualitative research: methodology and methods

This chapter discusses the qualitative methods used during the second study reported in this thesis, including a justification and overview of the research methodology. Covered within this are descriptions of participant sampling, recruitment methods, topic guides, interview procedures, an outline for data collection and handling, and the analytic approach.

5.1 Data capture: rationale for methodology and methods

The main aim of this study was to explore first-hand with friends and family members of DVA survivors what the effects had been on their own health and wellbeing. In view of this being both an unexplored topic, and an intensely emotive and complex issue, in-depth information was unlikely to be revealed by participants, or readily captured, using questionnaires or surveys; I therefore used a qualitative approach.

As previously described in Chapter 2, qualitative research constructs a *thick description* of experience, investigating not just the *whens*, *wheres* and *whats*, but also the *hows* and *whys* that sit at deeper levels. Qualitative studies learn directly from participants what is important to them, offering a means of understanding the differing ways in which people make sense of the world, and have been held up as a way of '*reaching the parts other methods cannot reach*' including access to complex behaviours, attitudes and interactions.⁽²⁵³⁾

Interviewing is the most commonly used method of data collection in qualitative research,⁽¹²⁶⁾ with great importance given to personal accounts because of the power of language to illuminate meaning.⁽²⁵⁴⁾ Focus groups are another qualitative method frequently used, but for a number of reasons I chose to discount that option for this particular study. First, there were considerable issues around confidentiality and safety

for such a sensitive and possibly endangering topic, particularly because participants were self-recruiting rather than being recruited via gatekeepers who could assess risk. Second, because I expected that participants for this research were unlikely to have accessed any support previously, it was likely that for many it would be their first detailed disclosure. I anticipated that there would be a great deal of raw emotion attached to responses, and I was concerned about the exposure and vulnerability participants might feel in a group-setting. In addition, I had a more general concern about the potential for imbalance that can be a feature of focus groups, with some participants dominating discussions whilst others are less vocal.⁽²⁵⁵⁾ I wanted to capture breadth of experience and viewpoints rather than commonality and dominant discourses. In light of these concerns, one-to-one interview with participants was considered the best qualitative method to employ.

Structured interviews are usually fairly rigid and deliver questions in a standardised way much like a visual questionnaire being administered by an interviewer. Typically questions are closed rather than open with a fixed range of answers, and as a result the data have the potential to be analysed quantitatively. Unstructured interviews are at the opposite end of the spectrum, typically consisting of one or two key opening questions in order to generate discussion, with subsequent probing arising purely from the responses given. A very broad agenda is sometimes mapped, but the order, wording and way in which it is pursued varies considerably between interviews.⁽²⁵⁶⁾ I opted for somewhere in between; I wanted to explore the topic in detail, unearthing new ideas that I could not anticipate at the outset, and yet with sufficient structure to ensure that the research question was addressed. Britten describes semi-structured interviews as being conducted: *'on the basis of a loose structure consisting of open ended questions that define the area to be explored, at least initially, and from which the interviewer or interviewee may diverge in order to pursue an idea in more detail.'*⁽²⁵⁷⁾

Due to the sensitive nature of the topic and the secrecy that often surrounds it, building rapport and gaining the trust of participants was all the more important. This was helped by the use of a semi-structured interview style, because it gave me flexibility to respectfully follow the participants lead, whilst not departing too far from the subject

under investigation. This allowed participants space to voice, to explore and to *feel* their way through their experiences as they described them.

Feminist research necessarily balances *'the complexities of obtaining knowledge from the participants whilst simultaneously ensuring that the process is not oppressive or abusive.'* ⁽²⁵⁸⁾ Williamson acknowledges the tensions and contradictions in this: on one hand the researcher views participants' testimonies as *expert* and creates a space where experiences are validated, yet on the other hand, the requirements of academia, and the demands of the institution (the university) and the funders need to be fulfilled, and there is paradox in this.⁽²⁵⁸⁾ In addition, whilst the equalling of power between the researcher and the participant is something that should be aspired to, participants, by virtue of the researcher's status regarding both their professional title and the institutions with which they are affiliated, accord power to the researcher.⁽²⁵⁸⁾ In truth, within research a certain degree of power imbalance inevitably exists, unless participants are fully embedded in the research at each and every stage, such that they co-determine the questions to be asked, co-conduct the analyses, and co-author the findings. Such wholly integrated research is relatively rare, although there are examples of researchers making substantial leaps towards equity of power, for example in the involvement of a DVA service user taking the role of qualitative interviewer in a study to ascertain the views of other survivors.⁽²⁵⁹⁾ For the most part, researchers are looking to try to minimise the potential for power imbalance whilst remaining vigilant for its expressions.

Although the underlying methodological approach for this research was not a purely feminist one, I chose to adopt many of the key principles of feminist research: attempting to be reflexive, aiming to reduce the potential for power imbalance in the researcher-participant relationship, and looking for ways to minimise the objectification of participants.⁽²⁵⁴⁾ Pragmatically, I sought an ongoing awareness of the potential for imbalance by keeping a reflexive account (discussed in detail in Section 5.8), and to minimise inequity using the following practical strategies: I worked with service users from a DVA agency to design recruitment materials, participant information and consent forms to ensure accessibility, and to contribute to the recruitment strategy. I also made

arrangements with participants that accommodated their preferences and comfort around the time and location of interviews (although I was limited to a degree by safety constraints which will be discussed later). When setting-up the interview room, I considered the layout, for example, by making sure chairs were of similar height and that the available clock was visible to both parties. On the participant's arrival, I was warm and welcoming, building rapport by stepping outside of the more formal role of researcher, being willing to appropriately self-disclose by responding to participants requests for information about myself. Throughout the interview I acknowledged distress and other emotions displayed by participants, providing affirmation where appropriate. I also chose to wear clothes for the interview that would appear less formal, rather than those which might emphasise my professional role and thus the discrepancy between us in terms of role.

5.2 Ethical issues

Whatever the research topic, context, or design, it is imperative that as researchers we consider carefully the ethical implications to all of those involved in the process.⁽¹²⁶⁾ Edwards and Mauthner speak of the link between ethics and morality and, in relation to social research, describe ethics as '*the moral deliberation, choice and accountability on the part of researchers throughout the research process.*' ⁽²⁶⁰⁾ Part of this accountability happens through the review of proposed research by an independent research ethics committee.

Ethical approval

The following qualitative study was granted ethical approval by the Research Ethics Committee in the School for Policy Studies at the University of Bristol on 14th June 2012 (Appendix 10).

Non-maleficence

The concept of non-maleficence is one that I have taken from counselling practice. The British Association for Counselling & Psychotherapy (BACP), based on ideas by

Beauchamp and Childress about biomedical ethics,⁽²⁶¹⁾ include non-maleficence as one of the fundamental principals in their ethical framework and describe it as a '*commitment to avoiding harm*'⁽²⁶²⁾ to those worked with.

DVA presents a risk of physical harm not only to survivors but occasionally to those around them. With this in mind, the recruitment protocol (Appendix 11) contained a safety screening procedure so that, when I spoke to participants for the first time, I was able to carry out a very preliminary risk assessment of their situation and contact emergency help for them if it became apparent that they were in danger.

In addition, due to the sensitive nature of this research I was keenly aware of the moral and ethical responsibilities I had towards those taking part: that by their participation they could experience unintentional emotional harm. One aspect of minimising the potential for harm to participants was embedded in the consent process (described in the section below). At recruitment, participants were informed both verbally and in subsequent paperwork of the potential for distress and had the opportunity to withdraw from the study. Immediately prior to interview this was discussed once more, again with the opportunity for withdrawal.

In addition, the topic guide (Appendix 9) was designed to start and end with more generic, neutral questions to *contain* any distress experienced in the main body of the interview. During the interview itself I was alert to signs of distress, and where participants did become upset, I offered appropriate empathy and comfort, along with an opportunity to move on to a different area of questioning, to take a break or to halt the interview. All participants who did become upset decided that they wanted to continue with the interview. A comprehensive information sheet about local and national support services (Appendix 12) was given to participants at the end of the interview, and they were encouraged to take it, whether or not they felt distress, in case they later became upset. The option to contact me in the days following the interview, to access further details of support organisations, was highlighted. Where participants did show signs of distress during interview, they were offered a follow-up phone call.

Respect

In addition to preservation of well-being and dignity, ethical respect for research participants is about ensuring that people have free choice about whether or not to participate in a study, and sufficient information about what involvement in the research will entail. Willig⁽¹⁶³⁾ outlines a set of basic ethical considerations which I have listed below along with details of how I sought to address them in this study:

- Informed consent – In this study, written consent was sought from participants (consent form in Appendix 13). In order to make it *informed* consent participants were given verbal information and detailed written information which had been checked for accessibility and plain English. The information was given several days prior to interview and participants were encouraged at every contact to ask any questions they might have, and to share the information with others who they thought might aid their decisions. Likewise, the consent form and the implications of consenting were discussed at length with participants. In this way, informed consent was treated as an active process throughout recruitment and interview. Part of informed consent is allowing participants to make choices free from coercion or inducement. Thus, whilst I was keen for participants to receive recompense for the time they gave, for the many positive reasons that INVOLVE describe,⁽²⁶³⁾ such as tangibly valuing their contribution, I was also aware of the tension between this and potential inducement. I decided to offer a nominal gift voucher, which was alluded to in small text at the bottom of recruitment posters without specifying an amount. I felt that this approach worked in terms of minimising economic inducement, because at interview, most of the participants had forgotten that a voucher had been mentioned, and many asked me to donate their voucher to related charities.
- No deception – verbal and written information about the study was explicit about the research aims and intentions. The only information consciously withheld from participants was my dual role as a counsellor. I felt that disclosure of this information would create a situation that could be unsafe for both the participant and myself; that it could lead to a deeper level of revelation and

sense of exposure by the participant, without the usual boundaries and on-going relationship of a counselling situation.

- Right to withdraw – within the participant information and consent form, the voluntary nature of the research was emphasised, making it clear that even after consenting to be interviewed, that participants could withdraw without needing to specify a reason.
- Debriefing – informal discussion was held with participants post-interview to check how their experience of the interview had been, to answer any remaining questions, and to signpost to support agencies as appropriate.
- Confidentiality – in order to be transparent, under the earlier tenet of not deceiving participants, it would have been dishonest for me to offer participants complete assurances of confidentiality, because of the legal and moral obligations which require professionals to report particular information, for example, when people disclose serious risks to their own safety. In DVA research, there is a real possibility that information of this kind could be disclosed, so the participant information and consent form expressed the limits of confidentiality. I had concerns that by not promising complete confidentiality, that people might be unwilling to participate, but instead found that people understood why such boundaries might be necessary (see Appendix 14 for the confidentiality protocol). An independent transcriber, who typed up many of the interviews, also signed a confidentiality agreement regarding the data she was working with. (Appendix 15)
- Anonymity - an enhanced level of masking was performed to conceal participant identities, because for DVA issues of safety are paramount. In addition, there were a few concurrent or impending court cases that survivors (and sometimes their friends and relatives) were involved with, so in those instances I had frank conversations with participants and sought advice from my supervisors about how best to disguise and conceal the unique features of each case. Moreover, within my sample was a couple who were parents to a survivor, and because they knew each other was taking part, we discussed the reduction in anonymity;

that they would recognise each other's voice within the findings. Since their narratives added to one another, shaping something bigger than the two separate accounts, we agreed that they would be presented as a couple rather than as two separate individuals.

All participants were asked to identify a suitable pseudonym for themselves and the survivor they knew, which added to the security of stored electronic and paper-based details.

Researcher welfare

Oftentimes, whilst considering the ethics of a research study, the potential risks that researchers may be exposed to are overlooked or treated as secondary.⁽¹²⁶⁾ Recruitment through other professionals, who have some knowledge of the participant, can offer a buffer, by providing risk assessment of the potential harms for the researcher in interaction with someone who is a stranger to them. In this study, participants were self-selecting so this buffer was not possible and thus, for my safety, locations other than participants' homes were required. As an alternative, the interviews took place in university or community premises that were staffed during the period of the interview. In addition, a researcher safety protocol was developed (Appendix 16) and the checking-in system described therein, strictly adhered to. Beyond physical safety, I was mindful that, because of the difficult and emotive nature of the topic, I needed to protect my emotional wellbeing, and so put in place a number of strategies to support this, both in terms of how I managed my workload, and by arranging a variety of options for debriefing (for further details see the discussion on the *potential for researcher vicarious trauma* in Section 7.4).

5.3 Sampling & participant criteria

Sampling method and size

Random sampling, which is frequently used in quantitative methods, derives its power and logic from statistical probability theory with the purpose of generalisation from the

sample studied to a wider population. In contrast, qualitative inquiry typically concentrates on depth of information captured from within relatively small samples selected *purposefully*, with the logic and power of its sampling embedded in the choice of *information-rich* cases, yielding detailed insight and understanding rather than generalisability to the population at large.⁽²⁶⁴⁾

There are different options for purposefully selecting participants, including typical case sampling, homogeneous sampling and extreme case sampling. However, for this study, due to the lack of previous research in the topic area, it was important not only to capture *rich* cases, but also to try to recruit participants who might have a range of very differing experiences, attitudes and beliefs. Maximum variation sampling is an approach, within purposeful sampling, which aims to capture and describe the central themes that cut across a great deal of participant variation.^(139, 264) This sampling approach turns the problem of heterogeneity between individual cases in small samples from ostensible weakness into strength by applying the logic that: because diversity is so likely in such a varied sample, any common patterns that *do* emerge are of considerable value or interest.⁽²⁶⁴⁾ This was the ideal approach for my study, to purposefully choose a wide range of cases in order to access an extensive array of participant experience. In addition to providing me with high-quality detailed descriptions of each participant's experience, which conveyed something of the uniqueness and individuality of each narrative, I would also be able to observe important collective patterns and themes that cut across cases and gain credibility from having surfaced in heterogeneity.

Pragmatically, there were hurdles in undertaking this approach. The participants I was aiming to recruit were a hard-to-reach population, both in terms of the sensitive and stigmatised nature of the topic, and also in terms of access. There was no group or agency I could approach in order to make contact with friends and family members of survivors, because no service (either statutory or charitable) exists in the UK with the specific remit of supporting this group of people.

One option would have been to recruit participants via DVA services that the survivor they knew had accessed. However, I ruled out this option for two reasons: first, this would mean recruiting with two levels of gatekeepers, both the DVA agency and the

survivor herself. I felt that this could skew the sample such that I would only be interviewing friends and family members of survivors who had accessed help, had discussed the situation with the friend or family member, and possibly who viewed the relationship as a helpful one. I found it difficult to envisage that a survivor would suggest taking part in the research to someone in their social network who they viewed as hostile, unhelpful, apathetic or oblivious to their situation, and yet these were informants I was keen not to exclude. My second reason was that I felt there could be some ethical and moral conflicts regarding the recruitment of participants via DVA survivors; that relatives and friends might feel that they *ought* to take part out of a sense of obligation. In addition, the boundaries around confidentiality become blurred if the survivor knows that their friend or family member's voice will be present in subsequent reports. Having said this, on a very practical level, I could not entirely rule out the possibility that survivors would pass on recruitment materials or mention the study to potential participants because any medium of recruitment targeting the general public (e.g. using posters to publicise the study) was likely to attract the attention of DVA survivors also.

In consequence my sampling method contained a range of strategies. It was purposeful because I set out to recruit participants who had the very particular experience of being in the social network of a DVA survivor, and within this it was maximum variation because I used particular recruitment approaches (described in Section 5.4) to try to optimise diversity. Moreover, there were elements of *convenience* and *opportunistic sampling* which, as the names suggest, take advantage both of opportunities to sample according to ease of access, and of unanticipated opportunities that cropped up during the research.⁽²⁶⁵⁾ In particular, with my participants, there was a degree of *snowballing* effect where participants highlighted the study to others they knew. This resulted in a flexible approach which Patton describes as shaping the sample around the research as it evolves.⁽¹³⁹⁾

In qualitative research sample sizes are usually small for several reasons: the first is pragmatic, that the information generated is rich in detail and often large in quantity, so in order to do participants' narratives justice, and in order to keep the task from being

unwieldy for the researcher, numbers need to be kept reasonably small scale.⁽²⁶⁵⁾ Second, unlike quantitative research, qualitative studies do not focus on incidence and prevalence, so there is no obligation to ensure adequate size of sample to estimate prevalence or differences between groups. Perhaps most importantly, during the analysis process there will come a stage when little new evidence is gained, '*a point of diminishing return where increasing sample size no longer contributes new evidence*'.⁽²⁶⁵⁾ Glaser and Strauss describe this as a point of *saturation*,⁽²⁶⁶⁾ that as the research progresses, themes became *saturated* such that data from yet another participant add nothing new, and at this stage no further cases are needed. Of importance, is that the analysis is being carried out concurrently with interviews, so that the researcher knows when to stop recruiting. Critics of the notion of saturation challenge the idea that researchers can ever be completely confident that all aspects of a theme have been saturated, and some criticisms are also levelled at the unquestioning way in which the concept of saturation, originally developed within the context of Grounded Theory Method, has been applied across other qualitative approaches.⁽²⁶⁷⁾

I predicted that I would interview 20-30 participants, in order to have sufficient confidence of data saturation, and I began my data analysis after 10 interviews, so that I could determine whether or not additional interviews were necessary, and so that I could target participants within particular socio-demographic groups, or with particular experiences, in further recruitment strategies. In total 23 interviews were conducted.

Participant criteria

Participants were eligible to take part in the study if they met the screening criteria in the recruitment protocol (Appendix 11); in particular if they had had at some point a DVA survivor in their social network. They had to be aged 16 or over, both at the point of recruitment, and during the time that they knew the survivor, because I was particularly interested in accessing adult, rather than childhood experiences. With regards to the abusive relationship that they knew about, it needed to fit the aforementioned broad study definition for DVA, as described in Chapter 1. In addition, because of the gender asymmetry around DVA, particularly in terms of impact^(37, 63, 268)

(mentioned in Chapter 1), and because much less is known about the ways in which men experiencing DVA interact with their social networks,^(269, 270) I decided to focus this work on the friends and relatives of *female* survivors, though the perpetrator could be of either gender.

First-hand experience was key, so people offering third-party perspectives were ineligible for this particular study.

Participation was limited to UK residents due to constraints of ethical approval, and whilst English did not need to be their first language, participants needed to be sufficiently fluent to take part in an in-depth interview.

5.4 Recruitment

Recruitment of participants was conducted in a number of different ways including: posters in community venues (Appendix 17), social media and web-advertisement, and promotion following an interview on local radio. These will be described further below. I chose a variety of different means because recruitment of this particular group of people has not been carried out before in UK research and I was unsure how to get the best response. I also felt that by using a range of methods that I might access breadth in my sample, with different age groups and ethnic groups responding to different mediums. Rather than using the different options at once, I took a staggered approach over an 8-month period to pace recruitment.

In August 2012 I worked with the University of Bristol press office to put together a news story about my PhD research, which included a request for people to get in touch if they wanted to participate. This was advertised on the front page of the university's website, *tweeted* to its 100,000+ Twitter followers, and publicity resulted in a BBC Radio Bristol interview which gave me an additional opportunity to direct listeners to the university news story about the research.

In October 2012, recruitment posters were sent to all public libraries in the Bristol City Council area, with a request for their display on community notice boards. In addition, a

list of local agencies working with black and minority ethnic (BME) groups was obtained, and recruitment posters sent, again requesting display on public notice boards.

In January and February 2013, following the acceptance of an amendment submitted to the ethics committee, general practices who had received recent training on the identification and referral of DVA survivors, were approached and requested to display recruitment posters on their patient notice boards and in the patient toilets (male and female).

In March 2013, Women's Aid agreed to mention the research on their Facebook page and released a brief description of the study along with my contact details.

In addition to these strategies, a number of more *ad hoc*, informal approaches were taken throughout the period, including: display of posters in other venues accessible to members of the community (for example, at Bristol Drugs Project), adding the study details to the *Netmums* website, contact with Frank Mullane, founder and co-ordinator of AAFDA (Advocacy After Fatal Domestic Abuse) regarding suitable participants, and word-of-mouth publicity by colleagues and other respondents/participants.

Table 5-1 Responses to different recruitment methods

Date	Recruitment Method	Site	No. of responses/ expressions of interest	No. of participants recruited
August 2012	On-line news story	University of Bristol website	7	4
	Twitter	University of Bristol Twitter account	5	4
	Radio interview	Bristol	-	-
October 2012	Posters	Bristol public libraries	4	2
	Posters	Bristol BME agencies	-	-
January-February 2013	Posters	Bristol GP practices	12	3

March 2013	Facebook	Women's Aid Facebook page	49	6
August 2012- April 2013	Ad hoc/word of mouth	Various	14	4
	Unknown	-	5	-
Total:			96	23

Table 5-1 above indicates the responses to the various different recruitment methods, and the numbers of participants who were ultimately recruited via each medium. Further details will be provided in Chapter 6.

I placed particular emphasis on trying to recruit participants with an ethnic background other than White British, in recognition of the general under-representation of individuals from minority ethnic backgrounds in health research.⁽²⁷¹⁾

All recruitment was self-selecting; people who saw the posters or website information and wanted to take part, had to telephone or e-mail the researcher to express their interest. When contacted, I responded according to the recruitment protocol (Appendix 11) including: ensuring that the respondent was safe to communicate about the research, assessing eligibility for the study (according to the criteria mentioned above), and talking through what was involved in detail. If the respondent wished to proceed, I collected some initial data (participant data form in Appendix 18), set up a provisional date for the interview, and mailed the participant a participant information leaflet (Appendix 19), a copy of the consent form (Appendix 13) and a letter (Appendix 20) confirming the date, time and location arranged for the interview. If the respondent requested further details prior to making a decision about involvement, the participant information sheet was sent, and I contacted the respondent a week later to assess eligibility, to answer any queries, and to enquire whether the respondent wished to proceed.

5.5 Topic guide

A topic guide is a tool to enhance the uniformity of data collection, to ensure that relevant issues are systematically covered, whilst still allowing flexibility to pursue details that are salient to individual participants.⁽²⁵⁶⁾

The main sections of the topic guide for this study were developed from the findings of the review described in Chapter 4. The concepts generated during the meta-synthesis were used as a basis, and it was then possible to develop around this questions that would settle the participant into the interview process, add context to the information sought and investigate coping strategies.

The initial topic guide was never intended to be the final version because, in keeping with qualitative research principles, it is part of an iterative process which requires responsiveness; that insights gained in early interviews should necessarily inform subsequent ones.⁽¹²⁶⁾ Thus, after three interviews, the importance of inquiring about participants' use of services and exploring what support they would have liked, became clear and the topic guide was adjusted.

The topic guide (Appendix 9) was divided into five sections: 'getting started', 'introduction of research and participant characteristics', 'establishing rapport', 'body of interview' and 'closure of interview'. It included instructions to the researcher about processes, such as the completion of the consent form, and also explanations about the study to be shared with participants. This was an attempt to promote consistency in the initial stages of researcher-participant interaction. Sections 3-5 covered the main body of the interview, a series of questions grouped and organised in anticipation of how the interview might naturally flow. As mentioned in the ethics section above, the topic guide started and ended with more neutral questioning to ease people towards the more difficult and potentially distressing questions, and likewise to conclude the interview having brought the person back to more surface-level enquiry.

In reality, whilst the questions were used consistently, the order was usually set-aside in favour of following participants' train of thought and response, in order to encourage a spontaneous flow of communication. As the interviews progressed, and my confidence

grew, my dependence on the guide decreased, and rather than something rigidly adhered to, it became more of an *aide memoire*.

5.6 Pilot interview

For this study, I conducted a pilot interview with one of my supervisors (GF) whilst my other supervisor (EW) was present as an observer. This provided me with valuable information, because it gave feedback about the process both from an external viewpoint and from a participant viewpoint. Resulting revisions to the topic guide included re-ordering of sections and re-wording of questions to improve the flow.

5.7 Interview settings & procedure

Interview location

For reasons of safety (mentioned previously in Section 5.2), the interviews could not take place in participants' own homes. Therefore arrangements were made to interview in staffed university and community premises. I was keen to ensure the comfort of my participants, and to provide them with a space that felt appropriate for discussions of such a sensitive nature. Fortunately, I was often able to access rooms that had been previously used for counselling and were still furnished with comfortable chairs and soft lighting. Several participants recruited to the study lived some distance from Bristol, and where this was the case, I offered them the choice between face-to-face interview (in a location near to their home), telephone or Skype interview. One chose face-to-face and we met for the interview in his local town hall, four chose Skype and seven chose to undertake the interview by telephone. The different locations for the interviews appeared to influence both the quantity and depth of information shared by participants - this will be discussed further in Chapter 7.

Interview procedure

Interviews were arranged with participants by telephone or e-mail. A minimum of 48 hours prior to attending the interview, all participants received a participant information

sheet and a consent form so that they had sufficient time to consider the research and its potential implications. I reiterated the information immediately prior to commencement of the interview, particularly reinforcing messages around confidentiality and the potential for distress. I conducted all the interviews; they ranged in length from 35 to 90 minutes.

In the initial part of the interview, participants were asked to verbally complete a questionnaire regarding socio-demographic information (Appendix 18). Often such data are gathered at the end of interviews once rapport has been developed and trust gained because it is seen as potentially sensitive information, especially questions around income. In this instance, due to the sensitive nature of *all* the questions posed within the interview, the request for socio-demographic data was seen as comparatively less intrusive, and therefore completed at the outset as part of the *easing in* process. This information was collected for two reasons: as additional data to inform the analysis and contextualise participants, and to provide information about sample diversity to inform on-going recruitment strategies.

At the end of the interview participants were given the opportunity to add further information that they felt was pertinent but had not been covered in the questioning. They were also asked about their experience of the interview itself, requested to identify pseudonyms for themselves and the survivor, and given an information sheet about local and national services which could provide support if they felt they wanted it (Appendix 12). Participants were given a £10 shopping voucher as an acknowledgement of their time, and cash reimbursement for any travel costs incurred, in line with INVOLVE guidance.⁽²⁶³⁾

5.8 Fieldnotes & reflexive account

Fieldnotes are the notes that are recorded by researchers during or after their observation of the particular phenomenon they are studying. In ethnographic research, they are well established as an important method of data collection,⁽²⁵⁶⁾ though as Arthur and Nazroo point out, fieldnotes are also of import in studies using other qualitative methods because they provide '*an opportunity to record what researchers*

see and hear outside of the immediate context of the interview, their thoughts about the dynamic of the encounter, ideas for inclusion in later fieldwork and issues that may be relevant at the analytical stage.' ⁽²⁵⁶⁾

As previously mentioned in Chapter 2, being reflexive as a researcher involves deliberating on the ways in which our beliefs, interests, experiences and identities might have impacted on our research.⁽¹²⁶⁾ In that chapter I gave a positioning of myself with regards to ontology and epistemology, and explained how my previous experiences had brought me to research the particular question addressed in this study, but reflexivity is not a discrete event, rather it is a continual process by the researcher of considering their values and prejudices as they conduct the study. Finlay describes the carrying out of reflexive practices in a way that is integral to research processes,⁽²⁷²⁾ and whilst steering clear of the '*wallowing*' and '*legitimised emoting*' which she cautions against, I concurred with her idea that introspection could be used as '*a springboard for interpretations and more general insight*'.⁽²⁷²⁾

Thus for this study, I wrote both fieldnotes and self-reflections following each of the interviews, usually during the subsequent 24 hours. I decided to combine both into one account rather than two separate sets of notes, because I found that the information overlapped. The notes were formatted into four sections: participant, process, interviewer and main take-home-message. Within these sections I described my sense of the participant, including any behaviours and responses that stood out, how I felt the process of the interview had gone and why, my reflections on how I felt I had reacted to the participant and the encounter, and one sentence about what I thought the overall message of the interview to be. At the interview stage of the research process, the writing of these reflections helped me to consider what had gone well and what could have been done differently, so that I was able to hone my skills in carrying out the interview and in employing the topic guide. At the analysis stage, I revisited my descriptions of the key messages from the interviews in order to check that the developed themes reflected these. During the writing stage, my earlier descriptions of participants proved a useful reminder when producing the contextualising participant stories (Appendix 21).

5.9 Analysis & reporting

Audio recording and transcription

All of the interviews were audio-recorded with the consent of the interviewee, and recordings were transcribed *verbatim*. I undertook some of the transcription myself and out-sourced the rest to an experienced audio-typist because of time considerations. It was essential to adopt a consistent style for transcription,^(126, 273) not only for ease and comprehension, but also because the transcription itself, as the first data reduction step,⁽²⁷³⁾ was the beginning of the interpretative process⁽²⁷⁴⁾ and open to a degree of subjectivity. For this reason, I prepared a set of guidelines for myself and the external transcriber to follow (Appendix 22). Non-verbal cues, such as pauses, sighs, crying and laughter were captured in the transcripts, along with emphasis placed on particular words as indicators of the emotion attached. Fillers and repeated words were also included for completeness.

The external transcriber signed a confidentiality agreement (Appendix 15) regarding the data and was fully briefed in advance as to the nature of the material. Being cognisant of the potential for vicarious trauma for those coming into contact with the data, we agreed in advance that I would forewarn her if an interview contained particularly harrowing information, that she would pace the transcription, and that we would touch base regularly regarding the impact of the material.

I appreciated how much I had gained from performing transcription myself because it felt as though I had really marinated myself in the data from those interviews. Thus, for the interviews I had not transcribed personally, I chose to review the transcripts several times, in fine-detail, to refamiliarise myself with the data and to correct any errors or omissions. After checking the transcripts, I carried out a process of anonymisation, removing features with the potential to identify the participant, and inserting the pseudonyms they had chosen for themselves and the survivor.

Use of software

The anonymised transcripts were imported into NVivo10, a software package which supports qualitative analysis. As Bazeley describes, the use of a computer in analysis is not intended to replace traditional ways of learning from data, but to increase the effectiveness and efficiency of such learning.⁽²⁷⁵⁾ Concerns raised in the past, even by proponents of computer-assisted analysis highlight the potential '*dark side of the technological advance*',⁽²⁷⁶⁾ drawing attention to the possibility that researchers might become detached from the content and context of data.⁽²⁷⁷⁾ The potential for over-reliance on computer methods of course exists, however, as Barry describes, most researchers are more likely to use software as part of their toolkit, supplementary to non-computerised methods rather than replacing them.⁽²⁷⁷⁾ Treated as such, software can facilitate the administration and management of data, freeing-up the researcher to concentrate on the theoretical thinking and the analysis itself.

In this research, I chose to use the NVivo package primarily for organising and managing the large amounts of data I had collected; it facilitated the application of codes to data in each transcript, and the subsequent viewing of all fragments of text contained within individual codes. In addition, the simple visual representations it provided helped me to develop codes into themes, and to arrange the themes into a hierarchy.

Analytic approach: rationale and description

Analysis rationale

The aim of my analysis was to generate themes relating to my research question, by looking for patterns of meaning both within individual interviews and across the range of interviews. As described in Section 2.5 of Chapter 2, the decision I reached was that a pragmatic approach was needed; an abductive approach, allowing movement between the interview data and ideas that had emerged from the literature review. This allowed me to acknowledge thoughts about what might be found and even to impose a loose

framework at the outset, whilst encouraging me to remain surprised and challenged by unexpected discoveries in the data.

Thematic analysis has been a widely-used foundational qualitative analytic method, and yet until fairly recently it has been '*poorly demarcated and rarely-acknowledged*'.⁽²⁷⁸⁾ In 2006, Braun and Clarke sought to address this, producing a paper which provided clear guidelines for the deliberate and rigorous conduct of thematic analysis as a standalone method.⁽²⁷⁸⁾ Thematic analysis has, in the past, been seen as a generic tool or process,⁽²⁷⁹⁾ the bedrock of much qualitative analysis, but Braun and Clarke argue a rather different perspective, that it should be considered a specific approach in its own right.⁽²⁷⁸⁾

Broadly speaking, thematic analysis is a method for detecting, examining and reporting patterns within data, by coding it, arranging these codes into themes, and then honing these codes and themes using a method of *constant comparison*. This concept from Grounded Theory Method involves a continual process throughout the analysis, of the researcher going back and forth, comparing units of data with the entire data set and with emerging theories,⁽²⁶⁶⁾ to modify and whet the emerging constructs and the relationships between them.

It is an accessible form of analysis, and part of its flexibility lies in it not being wedded to any particular theoretical framework.⁽²⁷⁸⁾ Braun and Clarke are explicit that thematic analysis can be conducted in a theoretically driven (top-down) or in a data-driven (bottom up) manner, and thus it can be used in research taking a wide range of different ontological and epistemological standpoints, so is not at odds with my critical realist ontology, and my epistemological ideals drawn from social constructivism, interpretivism, postmodernism and feminism (as described in Chapter 2).

In this research, having conducted a systematic literature review immediately prior to carrying out the qualitative interviews with the aim of answering the same research question, I necessarily came to the analysis with some broad *a priori* themes in mind. I also had a very particular research question to answer. However, due to the general lack of relevant research in this area and the dearth of related theory, most of the analysis was in fact carried out inductively. Even with the previously encountered themes, the

depth of the information in the interviews altered and challenged my ideas, providing dimension and detail that was inductively derived.

Analysis description

It is important to state what I mean by a *theme* at the outset, and I have adopted Braun and Clarke's definition:

A theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set. ⁽²⁷⁸⁾

Preferably a theme would appear in a number of places across the data set; however more appearances are not automatically an indication of the importance of a theme.

The phases of thematic analysis that Braun and Clarke describe are familiarisation with the data, generating of initial codes, searching for themes and reviewing of themes, defining and naming themes, and producing the report.⁽²⁷⁸⁾ These phases, like the stages in all forms of qualitative analysis are not linear but iterative,⁽²⁸⁰⁾ attempting to distil and refine in a cyclical fashion.⁽¹²⁶⁾

I will go through each phase in turn to describe what was done practically for this study:

Familiarisation with the data

Initially each interview transcript was read and reread in a process of immersion, so that I became very familiar with the data. During this phase, I also began to highlight material that was relevant to the research question and made notes and comments about anything that stood out.

Generating of initial codes

In the next phase, the initial descriptive codes were generated. Coding is about organising units (words, sentences or paragraphs) of raw data into conceptual groupings, with codes being the tags or labels for assigning meaning.⁽²⁸¹⁾ Essentially I produced an index of labels, staying close to the data rather than speculating or interpreting,⁽¹²⁶⁾ turning that which I had highlighted and jotted into single words or succinct phrases. Practically, this took place after having imported the transcripts into

NVivo, so that I could create *nodes* within the program according to the initial code labels, which I then applied on a line-by-line basis to each transcript (the full list of codes developed is provided in Appendix 23). I created a vast array of codes because I was unsure exactly what would emerge later as interesting, and coded individual data segments with as many codes as relevant. Spontaneous memo writing (both on paper and in NVivo) was undertaken alongside the coding processes; a creative process to record my conceptual thinking in a variety of visual forms without jumping ahead at this point to a more structured process of developing concepts.

Searching for themes

The subsequent phase, once all data had been initially coded, was a sorting process, collating together linked codes in tentative groupings at the broader level of themes. From NVivo I printed out paper copies of each set of data segments relating to individual codes. I sorted and re-sorted these into piles, looking at how the concepts *hung together*, noting any relationships between the coded data. Some of the initial codes formed main themes, others subthemes and yet others were set to one side.

Reviewing of themes, defining and naming themes & producing the report

The succeeding three phases were the review of the themes to modify and refine, the pinpointing of the core of each theme in order to name and define, and the production of a report about the findings. Within these phases some prospective themes were discarded, others were merged (due to high overlap) or subsumed within others, and further themes were separated out into more than one component. Meaningful coherence within each theme, and clear distinction between themes, was the goal. ⁽²⁷⁸⁾

I have mentioned these three phases together because logistically I found it easiest to work through them alongside the process of drawing together the memos and the initial drafting of the findings. During the process of preliminary writing it became apparent when themes were related, unwieldy or did not readily coalesce, and I was able to make the necessary alterations to the theme structure accordingly. In addition the naming and defining took place in conjunction with the drafting as I worked to describe the essence of each theme in a concise way, explaining what it was, and what it was not. The findings chapter for this study necessarily came out of the initial writing, with vivid and

compelling quotes included to illustrate the points made. It is in these phases, that the analysis moved from the descriptive to the interpretative, going beyond the surface level of the data to articulate meanings, implications and relevance of context.⁽²⁷⁸⁾

After writing the components of the findings chapter, I gave each theme in turn to my PhD supervisors. I wanted perspective outside of my own to verify the themes and the relationships between them, and to check that I was genuinely answering the research question. I also went back to my fieldnotes to double-check that the *main messages* I had recorded after each interview had been clearly reflected in my final account.

Presentation of findings

What is not possible here in this thesis, is an in-depth description of *all* of the themes that emerged inductively during the analysis process – space is too limited and the significance of these themes to the research question too varied. Instead, whilst providing a brief list of all the themes at the beginning of Section 6.3 in Chapter 6, to give the reader an overview, I will focus the main body of the text on the themes that answered the specific research question for this study. In addition, due to the fact that this research is covering entirely new ground in the DVA field, the findings will be more descriptive than is perhaps usual, to really relay that which was described in-depth. Some of the more interpretive findings will be included in the discussion chapter (Chapter 7).

As mentioned previously, the centrality of a theme is not necessarily dependant on quantifiable measures,⁽²⁷⁸⁾ and as such, in the presentation of the findings I have chosen not to provide prevalence figures. I did however feel that it made sense to give a degree of indication such that the reader can distinguish between themes that represented common experiences within my sample and those that were perhaps more divergent experiences, so as a compromise have employed words rather than numbers, using terminology such as: few, some, a number of, many, the majority and all; in line with the presentation of data by other qualitative researchers.⁽²⁷⁸⁾

In Chapter 6, each theme will be described and discussed in turn, using direct quotes from participants' narratives to illustrate and support findings. Quotes were selected in

two ways: by being a good exemplar relating to a particular theme or subtheme, and from a process of ensuring that each participant's voice was sufficiently represented. The use of abridged text (indicated by '...') has been kept to a minimum, but was on occasion unavoidable. The brackets after each quote contain the pseudonym chosen by the participant and their relationship to the survivor, for example (Emily, Mum) indicates that the participant who chose the pseudonym 'Emily' was mother to a survivor of DVA. A few participants had more than one type of relationship with a survivor, for example Josie had two friends and an aunt who had experienced abusive relationships, so the bracketed text indicates the relationship of the participant to the survivor to which the particular quote pertains, i.e. sometimes Josie's voice will be indicated by (Josie, Friend) and sometimes by (Josie, Niece)

The disadvantage of presenting the findings in a theme-by-theme manner is that it makes it difficult for the reader to gain much sense of how individual accounts are shaped,⁽¹²⁶⁾ and something of the rich nature and context of participants can be lost. I felt that it was important for the participant description, context, and overall anthology of experiences not to be entirely separated from the illustrative quotes, so to address these concerns I have included Appendix 21 which gives a brief summary for each person who took part.

5.10 Chapter summary

In this chapter I have outlined the research process undertaken to conduct qualitative research, in the form of semi-structured interviews, with participants who were part of the social network of a survivor. The following chapter (Chapter 6) describes the sample characteristics and considers in depth the themes generated from the analysis of the interview data.

Chapter 6: Qualitative research: findings

Within this chapter I present the key findings from the qualitative interviews. The purpose of the interviews was to explore the first-hand experiences of people in the social network of a DVA survivor; in particular focussing on impacts on health and wellbeing. I begin by giving a more detailed description of the response to recruitment strategies described in Chapter 5, and then I give a brief overview of the participants who were interviewed and present findings from the qualitative analysis. As mentioned in Section 5.9 of methods Chapter 5, participants' narratives covered a great deal and whilst it would be impossible to cover all that they spoke about, this chapter makes brief reference to the range of issues they raised, in addition to presenting themes that answer the specific research question of this thesis.

6.1 Response to recruitment

Table 5-1 in Chapter 5 gives an overview of the responses to the different recruitment methods. There was a lot of interest in the study, but only a small proportion of respondents were ultimately recruited and interviewed. The breakdown for the non-participation of respondents is detailed in Table 6-1 below. The primary reason for non-participation was ineligibility, with those who had solely experienced DVA themselves, or who had had exposure during childhood, not meeting the study criteria. Others responded initially, were sent information but then did not respond to subsequent follow-up by e-mail or telephone. It may be that they recognised their ineligibility, or it may be that when presented with details about what the study entailed, they changed their mind about participation.

Two participants failed to attend arranged interviews due to competing priorities, one participant was ineligible because she lived outside the UK, and ten people got in touch after data saturation had been reached and recruitment closed.

Table 6-1 Reasons for non-participation

Reason for non-participation		Recruitment strategy						
		On-line news story	Twitter	Poster in Library	Poster in GP Practice	Women's Aid Facebook Page	Ad hoc/ word of mouth	Unknown
Respondent In-eligible	Survivor rather than network member	1		2	6	17	1	
	Childhood rather than adulthood exposure				1	3	1	
	Not living in UK					1		
Recruited but failed to attend interview							2	
Expression of initial interest then no further response		2	1		2	16	6	1
Recruitment closed prior to expression of interest						6		4

Many of the people who expressed an interest in the study conveyed detailed and sensitive information about the abuse they had experienced or witnessed, even in their initial communications with me. Responding to such information, particularly when I had to let the person know that they were ineligible for this particular research, required thoughtful, careful handling, which was at times onerous and time consuming.

6.2 Setting and sample description

Between August 2012 and April 2013, 23 interviews were conducted, twelve face-to-face, seven over the telephone and four using Skype.

The relationships that participants had to a survivor were: mother (4), father (2), sister (2), niece (1), daughter-in-law (1), current partner (3), friend (10) and work colleague (2). There were more than 23 different relationships described because some participants had had more than one survivor in their social network. The majority of participants were female, most were white (including White British, White European, and White Other ethnicities) and their ages ranged from mid-twenties to eighty. Participants were predominantly heterosexual, and highly educated, and there was variety both in their

prior experience of DVA, and in whether the abusive relationship was on-going. Although I had used a very broad definition for DVA in this research, all but one of the survivors that my participants knew had experienced violence and abuse from an intimate partner rather than from an adult non-partner family member. The exception was participant Ruth, who was a work colleague of a survivor who had experienced sexual abuse by her father which had continued beyond her sixteenth birthday, thus meeting the broad DVA definition used for this research, as described in Chapter 1. In addition, none of the survivors known to my participants were in a same-sex relationship. Table 6-2 below provides a breakdown of the demographics for individual interviewees, but for a much more vivid and tangible sense of each individual, the reader is directed to Appendix 21; here information from my fieldnotes and from the in-depth accounts given by participants has been drawn together to describe each person in the context of their relationship with their friend or family member, and the abuse that the survivor was facing. I chose purposefully to provide this integrated description of participant and survivor, because the relational aspects are key in the themes that have been generated from the analysis.

6.3 Findings

Appendix 23 provides the full coding index from NVivo to give the reader an idea of *all* the different types of things people spoke about in the interviews. In brief, beyond the descriptions of health and wellbeing impacts, which were the focus of this research, participants' narratives contained descriptions of what the network member knew both about the abuse the survivor had experienced, and their knowledge of DVA more generally, including whether they themselves had prior exposure to abusive relationships. Participants also described the type of relationship they had had with the survivor prior to the abuse, their experiences of agencies and organisations that they or the survivor had had dealings with, what they had done to help themselves cope, and what they felt was missing or needed in terms of service provision. Some participants also talked about the research process itself, including their reasons for choosing to take part.

Table 6-2 Participant characteristics

Participant ID	Pseudonym	Gender	Age	Ethnicity	Working status	Highest Qualification	Sexuality	Prior Exposure to DVA (own history or witnessed in childhood)	Relationship to survivor	Approx. time since end of survivor's abusive relationship/s (years)
OTO-01	Emily	Female	36	White British	Working	Masters	Heterosexual	Yes	Mother	1.5
OTO-02	Sally	Female	70	White British	Retired	Vocational qualification	Heterosexual	No	Mother	2
OTO-03	Eric	Male	70	White British	Retired	Vocational qualification	Heterosexual	No	Father	2
OTO-04	Anne	Female	37	White British	Maternity Leave	Degree	Heterosexual	Yes	Friend (x2)	8/ on-going
OTO-05	Ben	Male	39	White British	Working	Degree	Heterosexual	No	Current partner	2
OTO-06	Gwen	Female	31	White British	Working	Degree	Heterosexual	No	Sister	1
OTO-08	Barry	Male	71	White British	Retired	Degree	Heterosexual	No	Father	2
OTO-10	Daisy	Female	33	White British	Working	Degree	Heterosexual	No	Friend (x2) / daughter-in-law	7
OTO-11	Josie	Female	32	Dual heritage	Raising children & self-employed	Degree	Heterosexual	No	Friend (x2) / niece	2 / 2.5 / 14
OTO-12	Vicky	Female	47	White British	Working	Masters	Heterosexual	Yes	Work colleague	3
OTO-13	Zakia	Female	37	Pakistani	Working	Masters	Heterosexual	No	Friend (x2)	7
OTO-14	Stacey	Female	52	White other	Studying	Degree	Heterosexual	Yes	Friend	On-going
OTO-15	Ruth	Female	55	White British	Working	PhD	Heterosexual	No	Work colleague	16
OTO-16	Kate	Female	51	White British	Working	Masters	Bisexual	Yes	Friend	Unknown (lost touch)
OTO-17	Jenna	Female	48	White British	Working	Degree	Heterosexual	No	Sister	8 / 2
OTO-18	Louise	Female	43	White European	Working	Vocational qualification	Heterosexual	Yes	Friend	1
OTO-19	Heather	Female	48	White British	Studying	Degree	Heterosexual	Yes	Friend (x2)	3
OTO-20	Lily	Female	42	White British	Working	Masters	Heterosexual	Yes	Friend	5
OTO-22	Mark	Male	40	White British	Working	Degree	Heterosexual	No	Current husband	7
OTO-25	Eve	Female	80	White British	Working	Vocational qualification	Heterosexual	No	Mother	15
OTO-26	Richard	Male	55	White British	Working	Degree	Heterosexual	No	Current partner	1.5
OTO-27	Suzie	Female	53	White British	Working	PhD	Heterosexual	No	Mother	13 / 3.5
OTO-28	Audrey	Female	24	White British	Working	Degree	Heterosexual	Yes	Friend	2.5

With regards to the specific question addressed in this thesis, five major themes were generated from the data, with a number of subthemes below them:

- **Psychological & emotional impacts:**

- Acute:

- *Shocked & horrified*
 - *Panic*
 - *Fearful & scared*

- Chronic:

- *Anger & frustration (sense of injustice)*
 - *Anxiety & worry*
 - *Distressed, heartbroken & upset*
 - *Retraumatized*
 - *Overwhelmed & saturated*
 - *Inner tension & turmoil (challenges to fundamental beliefs; dissonance)*
 - *Heightened sense of responsibility*
 - *Feeling disempowered*
 - *Sadness & depression*
 - *Confusion & uncertainty*
 - *Guilt, shame & self-blame (guilt; shame, embarrassment & self-blame)*
 - *Stress*

- **Physical health impacts:**

- Physical symptoms & ailments
 - Sleep difficulties and tiredness
 - Appetite and weight loss

- **Direct perpetrator impacts:**

- Contact & interactions
 - Physical violence (actual & threatened)
 - Hostility & intimidation
 - Despotism, punishment & criticism
 - Stealing property & finances
 - Manipulation

- **Relationship impacts**

- Relationships between the network member and the survivor:
 - *Prior to knowledge of the abuse*
 - *Once the abuse is known*
 - *On-going*

- Relationships between network members and their own social network:
 - *Impacts on relationships with partners*
 - *Impacts on relationships with the survivor's children*
 - *Impacts on relationships with other family members*
 - *Impacts on relationships with friends, neighbours, colleagues and acquaintances*
- **Practical impacts**
 - Childcare
 - Accommodation, hospitality & moving
 - *Providing accommodation & hospitality*
 - *Helping the survivor to move or set up home*
 - *Moving house*
 - Finance
 - Disruption to everyday life
 - Interactions with formal agencies
 - Providing a buffer between the survivor and others
 - Trying to keep the survivor safe

Each of the themes and subthemes listed above will now be considered in detail.

Theme 1 - Psychological & emotional impacts

By far the biggest theme that emerged from the interviews was the impact on the psychological and emotional wellbeing of members of the survivor's social network, which participant Zakia, described as the '*emotional burden*'. All participants mentioned at least some emotional effect on their lives, though the extent of, and the combination of impacts varied. Participants spoke, on occasion, about acute impacts that might be expected in someone who had recently suffered trauma, but predominantly, what they described were chronic consequences. Participants used a wide range of terms when describing how they had felt, and it is important to note, that whilst the impacts are separated out below for clarity, many were experienced concurrently or in succession, thus there was a cumulative effect on participants' wellbeing.

Acute impacts

Shocked & horrified

Several participants spoke of their shock when they found out about the DVA, witnessed it first-hand or witnessed the aftermath. For a few participants their shock was particularly triggered by seeing the survivor's injuries following physical violence, which made them aware of the extent of the abuse the survivor was suffering:

I was really in shock, she was covered in blood, you know, like it was just really shocking to see all that (Daisy, Friend)

Vicky, along with others, also spoke about the unfolding revelation of behaviours the perpetrator was capable of, which left her feeling shocked and stunned:

It was the one at Christmas where she was hospitalised by him with fractured eye sockets, perforated eardrums and broken jaw. She lost a lot of her teeth as well in that attack. The one that really shook me, that made me realise I needed to focus more closely on what was really going on, was when he tried to electrocute her by pushing her hands into a bowl of water with live wires...it was very, it seems to me that it was very premeditated... it felt as though he knew exactly what he was doing in order to torture her (Vicky, Work colleague)

The word 'horror' and its derivatives were used by several participants about the situation, expressing something of the unthinkable, awfulness of the circumstances. For several people, it was discoveries about the abuse that horrified them:

Oh just absolute horror and just wanting to somehow help... she expected me to be shocked. I was shocked, but not in the way that she expected. Because she expected me to be shocked, wanting to distance myself from her... (Ruth, Work colleague)

She confided in me that at one visit, apparently at the end of a visit in prison they are allowed to like have a three second hug, or something like that and he physically hurt her during that and she told me this about a couple of months ago, and I was just horrified because he's due to get out this year - and I just feared for her life (Stacey, Friend)

For others, it was particular aspects of the situation that struck them as horrific or horrendous: for Jenna it was the fact that the perpetrator had purposefully targeted her sister, whom he knew to be vulnerable, for Emily it was the dreadfulness of an intense time when her daughter Rebecca had run away, whilst for Mark it was the continued venomous contacts from the perpetrator:

...[T]he volume and the aggressiveness behind it was, oh, it was horrendous...still is (Mark, Husband)

Panic

Another acute impact spoken about was panic, with Emily describing this during a period of time when she was trying to keep her teenage daughter safe:

I couldn't function really, I couldn't eat, I couldn't sleep, I couldn't go to work, I couldn't do all the things I usually do, I was kind of living on adrenalin, I was sort of just walking from room to room. I couldn't sit down, I couldn't concentrate. My mind was just racing, I was just in a state of panic (Emily, Mum)

It may be that Emily was the only person to mention this particular impact because she was the sole participant who was mother to a young daughter living at home during the dangerous period of extrication from an abusive relationship. Having witnessed her daughter's injuries, and heard her talk about the DVA to professionals, she felt she was the only person who could keep her daughter safe, leaving her panicked when this did not seem possible.

Fearful & scared

Within a later section I will cover the anxieties and worries that plagued participants, but there was also something acute in nature that they talked about, of being scared or frightened at a more intense level during specific periods of time.

Sometimes this was in response to threats they received to their own safety or lives. Suzie, spoke about how frightened she was initially when the perpetrator and his family were making threats to kill her. Daisy, talked about a sense that she sometimes had more strongly when she visited her friend, Jane, which alerted her to the potential for harm:

He definitely had quite an aggressive aura, is that maybe the right word?... when he was up and angry and you could see him stomping around the house, especially when it was fuelled by drink, there was definitely this air of you had to be a lot more careful round him, 'cos you just sensed that there was... you know, there was punches in the doors... you just had that sense that he would punch you if the situation happened (Daisy, Friend)

For Vicky, it was a growing sense that the perpetrator was a very dangerous man, which made her feel unsafe. He knew where she worked, and he knew her rather distinctive car, having stalked her colleague Polly and seen Vicky giving her lifts:

I knew that he would easily be able to see wherever I was, wherever my car was if I wasn't with my car, and I always knew that he was standing and watching, and following and so on... I thought, "If he's worked out that I'm interfering and trying to pull her away from him, trying to help her to escape, he may well do anything irrational to me to stop me from interfering." I didn't ever see him, but it doesn't take an awful lot to hear a whisper in a hedge or think that there's somebody behind you when you start to think that way, it becomes all-invasive. So I had to really train myself to remember that the bogey man wasn't there, [the perpetrator] wasn't there, I'd parked my car, there was nobody around, walk with purpose, be confident, he's not gonna attack you (Vicky, Work colleague)

In contrast to the fears above, some family members described a fearlessness around their own safety, feeling that anything the perpetrator could do to them personally was of little consequence:

If I was here I may be able to control the situation if it arises, I think it will. But I need to be here when it does, I don't fear for my life at all, but if I go down, I'll take him with me, and I will, I swear it (Eric, Dad)

For several others, fear was linked with situations which they felt to be highly dangerous for the survivor, and from which they felt unable to protect their loved one. Given the perpetrator behaviours described by many participants, these fears were not in any way outlandish, but rather proportional to very real potential outcomes, including: the abduction of children to another country, harm to the children, the death of the woman,

and the on-going exertion of control over the survivor. What underlined each of these was fear of the unknown:

R ...[W]e were quite frightened to return her home, especially with a new baby. She was quite fragile...

I What were you frightened might happen?

R Really that she might be quite badly physically abused. We didn't know at that time that there had been abuse when she was pregnant, but he was so angry, and also frightened for the baby (Eve, Mum)

I What worried you most, Louise?

R Oh, the unknown, the unknown

I Did you have any particular fears about what might happen?

R That he'd kill her...that was a massive worry about making sure that she was actually going to be alive by the Sunday to get the hell out of there (Louise, Friend)

For Mark, with the perpetrator still in the picture due to child access, there were on-going occasions when fear resurfaced:

There would be times when we'd have peace and quiet and it was great. And there'd be times when fear would pop up, because he'd already demonstrated he would kick the door in...whenever he doesn't get what he wants, this is when it starts, and he will stop at nothing, which is scary (Mark, Husband)

Chronic impacts

Anger & frustration

Most participants talked about feelings of anger and frustration they had experienced, or were continuing to grapple with. Predominantly they had felt these emotions towards the perpetrator or others, particularly professionals, who they felt had

responded insufficiently or inappropriately within the situation. A few people spoke of their frustration towards the survivor, albeit with some reluctance and caveats – it was apparent during the interviews that they felt discomfort in doing so. Often tied in with these feelings was a strong sense of injustice; that what was *right* had not prevailed.

Anger at perpetrator behaviour which directly targeted friends and family members was expressed:

We went out for dinner and of course I was not saying a word because I was frightened of saying the words, and then on the way back, as they got out of the car and came around to say goodbye, I'm in the back of the car, [my ex son-in-law] popped his head in, and said, "You were quite well behaved today," you know, I was so flabbergasted, I think I would have hit him if I'd have been stood there (Sally, Mum)

Other people spoke of their anger towards perpetrators that stemmed from witnessing their demeaning, disrespectful, aggressive or violent behaviour towards the survivor or her children:

I feel angry towards her in-laws, [the primary perpetrators], and I think it is a serious matter, in breach of human rights, in a way, because of the way they treated her. And there should be a law around it (Zakia, Friend)

The guy's an arsehole and while he's not interrupting our life, don't care. In fact, I think that's just it: I don't care about him one iota, as the saying goes, and I'm sorry to use this phrase, I wouldn't piss on him if he was on fire (Mark, Husband)

...[H]e gave [our grandson] an option of two different punishments, which happened on a regular basis after this, one of which was that he had to take his shoes and socks off, he only wore short trousers at the time to run through a field of nettles...Anyway, you can understand how that made me feel, this was our grandson; it's not even his son... this thing kept welling up inside of me about [our grandson]: "why should he be punished like he was being punished?" (Eric, Dad)

For several participants there was nothing short-lived about their anger, because the perpetrator was still in their lives, due to having had children with the survivor:

It just makes me mad. It makes me mad now. Like I was at her house two weeks ago, they've had a new baby, her and her new partner have had a new baby, and [the perpetrator] just walked into the house to pick up the kids two hours late, that's quite a normal, and went, "Oh you've got a new baby," picked the baby up, didn't ask anyone if he could pick the baby up. And everybody in that room froze but the fact that he believed he still has that right just makes me really mad... "Just bugger off and leave this family alone. Why are you still trying to mess this family up, if you haven't done enough?" ...It's like a burden: it sort of just sits with you, and you just hold that pain really, and anger for him 'cos, you know he's gone on and had four other relationships, got another eight kids (Daisy, Friend)

Quite a few people mentioned frustration they had felt towards the survivor, and this seemed to be particularly the case where they felt the survivor was not using her capacity to act. This was usually part of a picture in which the friend or family member had been supportive over quite a period of time, but where their patience had at some point worn thin. For some it was that the survivor had not taken the course of action that they had in similar circumstances, or where they felt she had in some way further enmeshed herself in the situation:

...[I]t was also frustrating because I thought that she would do the same as me. I thought she would get out of it as well... She went abroad, so I thought that that would be putting a bit of distance between them and she got back with him. And then she went on to move in with him and have a child with him, so when that happened I was a bit frustrated because I thought that she was going to realise (Anne, Friend)

...[T]hen she got pregnant with the second child. And after that some of my sympathy ran out a little bit as well, because I was like, well if you hate him so much, and he's so awful, and he's such danger, why have you had another baby with him?... And he's [a dangerous man] who has overstayed his visa: I mean they can't get them out of the country quick enough. But she didn't do it, so she married him and saved him from being deported, and there came a point where actually it became really difficult to be sympathetic. Because you thought, "You've just turned your back on every opportunity you've had to get away." (Lily, Friend)

For others, their frustration was with the survivor's refusal to acknowledge the danger of the situation, or seeming inability to extricate herself long-term from the entrapment of the perpetrator:

And I'm angry with Polly as well. I just wanted to take her out from her own life and let her see it from a different lens, just say, "Watch yourself."... I used to get very annoyed that she wouldn't stick to the same script, which was, "I'm not going back." She'd get there and say, "That's it, it's over, I'm going to stick to the rules," and then she'd break. And that was irritating, it was frustrating, it made you sigh, "Oh God, Bloody hell, you know, how can we get back to that stage when she was strong?" (Vicky, Work colleague)

Nine months ago she told me, she's saving up for a fence for her property, and then after that she's saving up for a divorce and I did say to her, "Could you do the divorce first and then the fence? I think it's kind of a bit more important." She got the fence, and then the next I knew there was his parole hearing and things, which she testified at, like, "We're married, he'll be married when he comes out," and all this. And like, "OK, nine months ago you were telling me that you had in mind that you were saving up for a divorce, for the solicitor," I said, "where's that gone, where's that gone as a priority?" (Stacey, Friend)

Zakia and Gwen both mentioned anger they had felt towards themselves. For Gwen it was connected with feeling that she should have had a greater awareness of her sister's situation, while for Zakia it was related to having become so attached to the survivor's child with whom she was later parted.

Beyond the perpetrator, the survivor and themselves, participants also described anger or frustration with other people who were in some way connected to the situation. For Vicky, this was anger with the more senior people in her organisation, who she felt had both tackled the abusive situation badly and who had '*failed to acknowledge the devastating effect*' that the subsequent death of their colleague, Polly, had had on their small team. Others described anger or frustration towards family members of the survivor who they felt had not acted in the survivor's best interests:

And I feel angry. I feel very frustrated with her parents, very frustrated, why they are letting their daughter go through this? (Zakia, Friend)

It's interesting with her family, 'cos they sort of see me as that role ...her mum phoned me and said, "I think you need to go and have a chat with Jane." And I'm just like, "It's not that she can't talk to anyone else, it's 'cos you don't listen to her." Like, it's very frustrating 'cos you just think, "Come on..." I just don't think they acknowledge what she's gone through, so she doesn't trust them. (Daisy, Friend)

Eric and Ben both acknowledged that the management of their feelings of anger was complex. Eric described the mounting anger he felt towards the perpetrator as linked in with fear; his own concerns about what would happen if he failed to remain calm:

I felt this anger welling up inside of me, and I just felt that I needed to sort of move away from him... I mean being a [strong man], he probably could have made mincemeat out of me, but it wouldn't have stopped me, that wouldn't have stopped me. I know because once the adrenalin starts pumping, I'm not responsible, it just comes up and I explode again. Not that I explode in a way that I want to hurt somebody, I just need to sort of quell the situation, if you like and I felt that all the time it was getting worse anyway... I didn't know [the abuse] was happening at the time, we've only found out since. And because of that I feel I'm quelling the feelings right now. It's building up, and I can feel it. I just feel that, I mean I want to go round there and give him a good hiding, and I'm 70 (Eric, Dad)

For Ben, particularly in the earlier stages of getting to know Laura, it was working out how best to deal with the angry feelings he had towards the perpetrator, in a way that would not be detrimental to Laura or to their developing relationship:

I'd get really worked up and kind of have to go out for a walk or, you actually feel like you want to do something to somebody, it's that kind of powerful... I definitely think the arguments at the start were my fault because if I thought, "Oh I don't think you, you're dealing with this properly," she gets angry at that, then that's my fault because I shouldn't be saying that to her, but, you know, that was me being nice, and occasionally I would be kind of like, you know, "You need to fucking sort this out," and obviously like my feelings about him would get mixed in, she would feel like I was being angry at her, and I was obviously angry at him... it's really hard to deal with those kind of anger things when you kind of know what that must seem like to your partner, who's seen anger in a far worse situation. (Ben, Partner)

Like Eric and Ben, several participants expressed the angry thoughts they had had about hitting the perpetrator, even though the majority made it clear that they had never before hit *anyone*, and people also spoke of wishing the perpetrator was dead:

I really wanted to go and find him and I probably would have beaten him, I don't think I've ever hit anybody in my life, but that was the feeling that it generated in me, that I wanted to do something. I wanted somebody to do something to stop this man from beating up this vulnerable woman (Vicky, Work colleague)

I actually wish he was dead slightly. Do you know what I mean? 'Cos then at least he couldn't hurt them anymore (Daisy, Friend)

A few participants, like Barry, mentioned the subsidence of anger over time, whilst at the same time acknowledging that it might be entirely different if they ran into the perpetrator after a number of months or years of not having seen him.

Several people mentioned their anger with professional organisations, agencies and systems that they felt had failed in their duty to act appropriately in the situation. Both Zakia and Josie spoke of their frustration and anger that statutory agencies had not responded well to their friends who were non-UK citizens; Zakia's friend, Aamna, was turned away from a social services office with a newborn baby wrapped only in towels, and with nowhere to go because her husband and in-laws had abandoned her:

I feel very angry that no one helped her. And now I know that it was Social Services' responsibility to help the child and to help her. It was their responsibility...what they did was extremely wrong, and there could have been serious implications for the way that they handled the case...I still feel angry, because I think the way they did it, the baby could have died, they were putting the baby at risk (Zakia, Friend)

In addition, several participants expressed anger or frustration with police and legal systems, particularly when legal proceedings seemed to be taking an inordinately long time, when the survivor was unable to access support to fund her through the process, or when the protection offered seemed inadequate:

It's still at court with regards to her child, she is not entitled to any financial support whatsoever, so she's had to represent herself each time she's gone to court, which I think is absolutely deplorable, to have to face somebody like that, and he's got a solicitor and she can't afford to have one, is awful because they really just sort of like bullied her (Heather, Friend)

...[T]he courts will not give her permission to change her daughter's surname or first name, which is quite distinctive...angry with the system that gives men who have been so abusive so many rights towards their children... they know what he's like, but they won't really take action against him because he turned Queen's evidence^a (Jenna, Sister)

They said, "Oh there's nothing we can do," absolute rubbish. The law is clear; they just don't want to upset their statistics really. And as somebody said, the law is not there to help you, the law is not here to stop the situation; they're only here to punish. It's only after the event that something would be done. So that doesn't really help us. And what? You just have to wait till Nicky's punched? Or else me, or [my step-daughter's] abducted? (Mark, Husband)

For Vicky, whose colleague, Polly, had experienced multiple failures from statutory services during the abuse, her anger was compounded by justice systems failures after Polly's death, particularly because it had been so hard to get her evidence about the situation heard and represented:

...[H]e has been doing exactly the same thing to an ex-wife, so there was a history there that the statutory services knew about; and yet what we got was a very lackadaisical restraining order that he broke a number of times and, wasn't then held in custody for - very angry, very angry about all of that... I started asking if I could give my statement and nobody would take it. I rang [the local] police station three times saying, "I've got a story. I saw the bruises. I accompanied her to and from work for four months every single day. I heard, I saw it: let me tell you." "Oh there's nobody here at the moment," or, "We've got enough evidence," or, "We don't need to hear it." And I got really angry about that. I just felt: how hard do you have to try

^a To turn Queen's evidence is for an accused or convicted criminal to testify as a witness against his associates or accomplices. The witness may be offered immunity from prosecution even if they themselves have committed serious crimes, and they may also be offered a place in a witness protection program, giving them a new identity so they need not fear retaliation from their former accomplices.

in this judicial system, to let a dead person have a right of reply? (Vicky, Work colleague)

Sense of injustice

Tied in with these feelings of anger and frustration, several participants spoke strongly about injustice, often with a sense that the perpetrator had not only been unpunished or inadequately punished, but also that the survivor's suffering, and sometimes their own alongside, had continued.

Barry and Eric described injustices resulting from the perpetrator's behaviours that continued beyond the abusive relationship. For Barry this was connected with the perpetrator gaining primary custody of two of his grandchildren, and consequently the survivor's home and most of her possessions:

She's been out of hospital 18 months, and she still can't get her house back. So this character's got her children, he's got her house, all her belongings, even things I gave her for her 18th birthday. It's absolutely incredible actually, you'd think it would be impossible, but it's what's happening (Barry, Dad)

For Eric, it was linked with the safety measures that were now a very necessary part of his daughter's and grandchildren's lives:

That means they're hiding all their life. Why should they have to hide? (Eric, Dad)

Whilst for Jenna and Ben, it was the fact that the perpetrator had 'got away with' his abuse of Jenna's niece, and Ben's partner that really stung:

I think I would have liked to have seen him punished properly for what he did; I don't think that it's fair that he got away with it basically (Jenna, Sister)

She phoned the police and told them, and basically whoever was on the phone just said, there's nothing they can do about something like that. They didn't even take it any further than that phone call... I think at that point, that was when obviously I knew for certain that nothing was ever gonna happen (Ben, Partner)

Louise spoke of a metaphorical ‘*day in court*’ that she and others had not had; neither the opportunity to share the information they knew about the situation, nor to see any subsequent justice. And in Mark and his wife’s situation, where solicitors and courts *were* involved, justice still seemed elusive.

For Vicky, in addition to anger and frustration felt towards the policing and court systems regarding the injustice towards her deceased colleague Polly, there was additional injustice in the way the media reported the death, particularly because the press had no idea about the level of care that Vicky and her team had been providing to Polly behind the scenes:

The newspapers had reported her death as: ‘nobody cared about her’, ‘what were her colleagues doing?’, ‘She hadn’t turned up for work. Who the hell do they think they are?’ You know, ‘careless society’ and it was all pretty hideous...the [paper] is our local paper, and so every night the front page would be a photo of her and, “Careless employees, nobody cared, dead for days, rats eating her”...a good illustration for you about how bloody hideous the press can be when people, [my colleague] and I particularly, had tried so hard to keep her alive. (Vicky, Work colleague)

Anxiety & worry

Anxieties, worries and concerns were spoken about a great deal in the interviews. There was rarely a discreet period of time during which participants had felt anxious or worried which had then ceased; it tended to be much more pervasive, with really heightened anxiety or worry at perceived ‘*turning points*’ in the survivor’s trajectory.

Some participants described anxiety and worries in the more initial stages of the relationship, before they knew for certain about the abuse (or prior to survivor disclosure), which frequently manifested as underlying nagging doubts and concerns:

I felt that he was almost schizophrenic at times: he could present very friendly and very caring, and then the next minute quite horrendous. And it was when we were on holiday and I saw how he was towards my granddaughter that I was very worried, and when we came home I said to my husband that I was very concerned and thought I needed to talk to my daughter and say, “Are you aware of what’s happening?” not knowing how it was going to be received (Eve, Mum)

Others described their worries about how to interact either with the perpetrator or with the survivor in a way that would not worsen the situation:

I thought, "What if I say something that makes things worse? How do I deal with this?" Especially as we weren't friends. You know, it isn't as though we'd got a relationship... And so I was really worried about how best to handle it when it first came out... (Ruth, Work colleague)

Sometimes I say things perfectly innocently, and I think, "Oh my gosh, what I said could get her into real trouble," because I know what it's like living with an abuser, and I know the kind of things that set them off, so I try to avoid talking to him because I don't want to say anything that would get her into trouble (Anne, Friend)

Unfortunately for many people there was no foreseeable end point at which these concerns would cease, although Jenna mentioned the relief she imagined she would eventually feel when the perpetrator dies.

People also mentioned the on-going concerns they had for the survivor after the end of the abusive relationship, either worries about the aftermath, or a general heightened anxiety about the survivor's vulnerability. For Eric, anxieties for his daughter and grandchildren's safety post-relationship were exacerbated by the geographical distance between himself and them:

...[L]ast Sunday that restraining order finished, and she's now worried that he'll find where she is here. And I'm worried now 'cos we go back [abroad] next Wednesday and God knows what he'll try and do, he was trying to kick the door in, but now, she's moved to [another town] and hopefully he won't find her... I fear for [my grandson], I fear for the [children], I fear for my daughter, and what he will do, 'cos you hear these things that he's doing and I just can't believe what I'm hearing (Eric, Dad)

Gwen and Jenna likewise talked about the ongoing potential for harm to their sisters, and the worry this caused:

But I still worry now, even though they're not together, I still worry now that he'll hurt her, I don't ever feel 100% that something bad isn't gonna happen (Gwen, Sister)

Richard's concerns were more about the on-going court proceedings, with worries about how best to help his partner handle the situation. He also described the anxiety he felt about the potential for conflict during the handover of children:

Sometimes going round in my mind thinking, "Oh dear, what do we do about this? Is there a strategy? Is there a way of dealing with it?... I think maybe I have to stop worrying so much about things, or realise that there are a lot of things I'm just not going to be able to influence... I think I've suffered from anxiety, and feeling sort of physically unsettled, waiting for the next copy of an email from Judy about what he's doing or something. I get them and some of them are so unpleasant, or what's behind them is so unpleasant, I almost find myself physically recoiling from them and I guess I anticipate the next one coming along (Richard, Partner)

For Ruth, her biggest ongoing worry was around her colleague Rachel's coping strategies long-term. She felt strongly, during a particular period, that Rachel was compromising her physical health to the point of risking her life, so intervened by precipitating interaction from health professionals to support Rachel. Whilst acknowledging the progress that Rachel continues to make, Ruth still has concerns for her:

How she will function as an adult, female human being... I'm concerned that she's still so emotionally immature that she can't recognise. I don't want her to be taken advantage of. So I do fear that she will not develop herself properly as a fully rounded human being, having really satisfying and meaningful relationships with either sex, and that she might be taken advantage of, and put into another horrible situation (Ruth, Work colleague)

Unlike others, Ruth was clear that she felt the worry had *not* unduly impacted on her; in fact she described the positives she experienced from being in a position to support Rachel, as counteracting her concerns; that in the process of helping, any worries and anxieties were alleviated:

You know, from that initial worry and anxiety and anger about what had happened, it's actually quite a positive thing. My confidence grew in how to deal with the situation and things that she was telling me, and I feel really honoured to be part of her story (Ruth, Work colleague)

For Daisy, who acknowledged that she and her friend Jane had little in common in recent years, her continuing worry and concern, for both the survivor and for her children, seemed to now underpin the relationship:

I'm probably seeing her because I still worry about her, about her ability to cope, I don't know how else to describe it. She is a friend but we don't have anything in common... (Daisy, Friend)

Participants' descriptions of anxieties woven in with expressed fears were not unusual in the narratives; that people had become anxious as they considered or imagined the potential outcomes of the abusive situation. This was the case for Emily who had feared that her daughter would re-enter the abusive relationship if she dropped police charges:

I thought, this means she'll go back to him, and I remember I didn't sleep at all that week, I was just pacing the floor, just crying, just hysterical, I was like close to the edge. I couldn't go to work, I had to take weeks off work, 'cos I couldn't focus, I couldn't go to work; I was just beside myself, absolutely beside myself. I really thought that there was a possibility my daughter would end up dead, if she went back, to that relationship (Emily, Mum)

For Kate, it was fear and anxiety that scenarios she herself had experienced during an abusive relationship would be replayed if she supported her friend Norma to move.

The longevity and persistence of anxious thoughts was spoken about, particularly where the survivor was viewed by the participant as potentially vulnerable, for example, by being young, by living away from their home country or their support network, or by only recently having exited the relationship. For Emily, her daughter's youth, combined with challenges to her sense of Rebecca's safety in the world, left her feeling on edge:

I keep thinking, "Oh god what if she does something like that again?" not even that, "What if she does other things that are dangerous?" there's just a nagging doubt in the back of my mind of, I know she might do something that puts her in danger again...I get anxious actually, I try not to think about it too much 'cos I just get on with the day-to-day life, but if I stop and think, I can feel the anxiousness and the worry, and the actual physical reaction to that of my heart beating, it makes me anxious and nervous (Emily, Mum)

Josie verbalised her continuing concerns for her friend, Dee, and for Dee's son, both of whom she considered vulnerable. Her anxieties were partially, but not completely, allayed by the involvement of other supporters:

I Do you worry at all for her?

R Yeah, because she met up with [the perpetrator] recently... but she was living in a hostel, so obviously the authorities are aware of everything so that makes me feel better, so she'd said that he was giving her some trouble again, but she didn't go into it, but I know she knows what to do, and she's got a partner and he wouldn't put up with any nonsense, so yeah, I know that, although I worry 'cos she's vulnerable... also 'cos she's got a little boy, that makes it worse, because you worry about, you know, it's horrible for him, all what he's gone through, he's only little (Josie, Friend)

Distressed, heartbroken & upset

Many participants spoke of the distress and upset they had felt from being alongside a survivor. This distress was sometimes to do with impacts on their relationship with the survivor and sometimes connected with what the survivor had suffered. It was apparent that this distress persisted for many, with some people sobbing, welling up, sighing heavily, or looking visibly troubled whilst speaking about their experiences during interview.

Several people mentioned their distress in relation to the damage to their relationship with the survivor. Jenna, in particular, talked about her distress in connection with her sadness that her sister had felt unable to confide in her and had remained somewhat distant in the aftermath of the abusive relationship; that a very '*special relationship*' had been '*stretched almost to breaking point*'.

A few people mentioned their distress at seeing changes in the survivor:

It's just painful, isn't it? 'Cos it's your friend, and you've gone through school, and she's been really confident, and you've gone out together and, you were sort of children together, and I just thought to see her crumbling was just really painful, I suppose (Daisy, Friend)

Zakia described being upset because she felt that the care she had freely offered to a survivor, her friend Aamna, had been taken advantage of:

She took advantage of us. And we did everything genuinely out of love and care, genuine love and care. But she was at the receiving end, and she wanted to receive as much as she could, but she'd never reciprocate with those feelings - I didn't want anything from her. I didn't want any praise. I didn't want any admiration. I didn't want to be put on a pedestal. I didn't want any financial gain; I didn't want anything from her. I just did it because I felt I had to do that... we both felt that we were cheated, in a way (Zakia, Friend)

In Stacey's case, it was her friend Hannah remaining in the relationship despite disclosing an incident that demonstrated how dangerous the perpetrator was, that was incredibly upsetting, prompting Stacey to take a step-back in order to cope:

I haven't been able to contact her, because it's just too upsetting to me... "He's now hurting you. How's it gone from there to there?" And then I've told her, and then that's all I can do. I can't do anymore 'cos I'm just so upset. What it feels like to me is that the support that I am to her isn't strong enough for her to overcome the tie she has to him (Stacey, Friend)

In describing what she and her small team of colleagues had been exposed to and the subsequent impacts, Vicky spoke metaphorically of a 'little container of terrible distress', an awfulness that was not easy to shake due to what their colleague Polly had suffered:

It was all very horrible...very difficult to watch somebody go back time and time again, not only to be hurt psychologically, but to be beaten up, and still to turn up the next day, standing on her feet. It was awful, absolutely bloody awful...watching it from a very long view. It was distressing for everyone (Vicky, Work colleague)

Sally, Eric and Suzie talked about their experience of the survivor's behaviour that left them distraught. For Sally and Eric, it was the change in their daughter, whilst in the abusive relationship; Amanda became someone they did not recognise who appeared to be making choices to reject and exclude her parents from her life, and was blaming them for what she perceived as interference. In Suzie's description, she talked about the

level of distress experienced, due to the prolonged nature of the situation, as not unlike the degree of distress following a significant loss in her life:

We had another daughter who would have been [in her 20s] now: she died when she was [young], when Anna was little...but the stuff that happened with Anna in some senses was worse because it was so prolonged, it was heart breaking in a different way (Suzie, Mum)

For Zakia and Daisy, the heart-break they described was in listening to the retrospective accounts of friends highlighting just how dreadfully people could behave:

She told me her story, and it was heart-breaking. It was really, really heart-breaking...And I looked after the baby and I developed a bonding with her and with the baby, but it was very heart-breaking to see her. And it still fills me with sorrow when I think about what happened with her and how inhuman people can be (Zakia, Friend)

Several participants talked about the on-going distress that they continued to experience. Suzie, for example, spoke of the continuing pain evoked by the memories of the challenging and harrowing times whilst trying to support her daughter:

...[J]ust all of it, just the reliving of all the clearing up stuff and just everything really. I still have thoughts and images and flashbacks about lots of it, in particular the stuff around when I got the police call about finding Anna in that house. I sort of imagine what that's like...when I talk about it more, even to other people, and sometimes, when I'm with Anna and the girls, I'll have emotional responses as well... (Suzie, Mum)

Retraumatized

Among those who mentioned their distress and upset, a couple of people spoke about the reliving of past hurts. For Lily, seeing her friend's children at risk from the perpetrator tapped into her memories of her father's behaviour during her own childhood:

I think I felt having grown up in that environment and felt quite damaged by it, to watch it happening to somebody else I found very distressing... I wouldn't say that what happened to her had enormous effect on me, but I would say that it did tap into

memories for me, and it did tap into feelings maybe about my own life. Like I said about with the kids, you know, I found that really upsetting. And I'm sure that's as much to do with wanting their safety as well as protection of my own fears at that age, I was very frightened of my father at that age. And I remember the world being quite a dark place so I think that I was very sensitive about that (Lily, Friend)

Whilst for Kate, who had experienced DVA in her own marriage years before, the reviving of past memories left her feeling somewhat scared about potential involvement:

A bit scared for myself, I suppose, getting involved in it all over again...it still worries me: domestic violence scares me, just because I remember being trapped like that and seeing her in that kind of situation, and thinking that I might somehow get involved, it was silly, I wasn't going to get involved in it really, only through contact with her, it still made me wonder about how I was going to keep myself away from that (Kate, Friend)

Similarly, whilst it did not prevent her from wanting to be involved in her friend's life, Heather expressed her dislike of being around Lucy's partner whilst he was drinking, because it reminded her of her ex-husband who had been both severely abusive and an alcoholic.

In a somewhat different scenario, Eric described his distress at the anger he felt towards the perpetrator because it reminded him of an occasion during his teenage years where he had had to physically restrain his father in order to protect his brother from serious harm; memories that were unsettling and caused him pain.

Overwhelmed & saturated

Some participants spoke about having reached a point where they had felt overwhelmed or saturated by the situation. People used words like, '*breaking point*', '*exhausted*' and '*drained*' to convey something of either the all-consuming nature, or the relentlessness, of the situation. For Emily, it was a very intense period that left her feeling overwhelmed, and in some sort of '*hell*':

I was really put through the mill during that time and it took its toll on me, and I feel I can't cope, I dunno how much more I can

cope with 'cos that sort of took me right to the edge...I was just breaking down minute by minute (Emily, Mum)

Several others described peaks and troughs of intensity, and of the need for time-out on occasions when handling the situation was simply too much for them:

There were times when I thought, "Oh no, not again," you know, there were times when I thought, "This is just a bit too much." (Ruth, Work colleague)

For Richard, it seemed that part of the effect of this overload in supporting his partner Judy to deal with all the court processes around child access, had been an effect on memory for the details of what had occurred in the abusive relationship; that the more immediate issue of ensuring Judy's access to her children was suppressing the rest:

I'm struggling to think what I really know about it, at the moment. I'm sure she's told me quite a lot, but I'm just struggling to recall right now...I think quite honestly we have discussed it so much, but possibly the more recent stuff since she's been in the UK, rather than the old stuff leading up to the court case and her having to make her submission and statement and look at his responses. And we spent a lot of time on all this, and I just think I feel saturated with it all and it's almost been pushed down (Richard, Partner)

Inner tension & turmoil

Challenges to fundamental beliefs

Linked in with their feelings of shock about the situation that were acute, participants also mentioned related impacts that were often more subtly experienced, but had lasting and often profound effects. They described challenges to core underlying beliefs, both about DVA itself (including who perpetrates it and who it happens to), but also to core, fundamental beliefs about humanity, right and wrong, and how people behave towards one another. The way in which people described these impacts intimated the disquiet and unsettling nature of having foundational assumptions called into question.

For Josie, it was a generalised jolt, one that repeated each time she found out that a woman in her world had experienced DVA. Her aunt, Maya, had been in two abusive marriages, and Josie described shock at the initial revelation because it was the first DVA

relationship known about in the family, and shock at the second revelation, because her aunt's husband had not conformed to her ideas of what a perpetrator would be. In describing her surprise at her aunt's situation, and the abusive relationships two of her friends had experienced, Josie explained that the main cause of her shock was the fact that none of these survivors struck her as women who would be abused; that her preconceived ideas about DVA not happening to women who were professional and strong had been seriously challenged. Lily too struggled with the idea that her intelligent and dynamic friend was choosing to remain in an abusive relationship:

For a long time I was really sympathetic, and then I just started thinking, "Oh, you know what, you're not helping yourself at all here. You're a bright woman, and you're highly educated and I don't understand, I can't get my head round what you're doing." (Lily, Friend)

Emily expressed something of her surprise that abuse so extreme could be happening between a couple who were so young:

Maybe I didn't imagine it to be as bad as it was, because of the age that they were foolishly, I just thought, she was sixteen and he's twenty-one, I just naively would have expected that level of abuse, and that kind of behaviour from somebody, a man who was much older...they're so young, this was her first relationship, and OK, he was twenty-one but twenty-one is incredibly young isn't it, so I just didn't realise it was that level (Emily, Mum)

Emily also, like others, was unsettled by the idea that DVA could happen to people she knew, who were like her and whom she cared about.

For Vicky it was the fact that people, including her colleague Polly, were prepared to put up with vicious and pre-mediated violence within their relationships that gave rise to her 'bewilderment':

How can people put themselves through it? Logically, no, and emotionally, no, and they're not the same things... I logically can't understand when somebody is so violent, that that can just be papered over and whatever. Sex can't be that good that you keep going back to a man or a person that tries to kill you, and tortures you, locks you in the bathroom and screws the

door closed, threatens to kill your animals, beats, smashes everything that you value, steals all your money (Vicky, Work colleague)

Whilst for Anne, it was troubling not only that her friend was prepared to remain in the relationship but also that a perpetrator could behave the way he did:

I think that I was quite horrified, I didn't know how people could live like that, how you could treat someone like that, or even how you could go back to someone after they'd treated you like that (Anne, Friend)

Anne was not alone in this, several other people spoke of their incredulity that perpetrators chose to behave in the ways that they did; a really fundamental challenge to their ideas about human nature:

I just don't understand why someone would do that to another, to someone they love, I just don't understand (Josie, Friend)

"Why would you harass somebody who hasn't done anything?" They've done nothing wrong, even if she had done something wrong she wouldn't be deserving of that behaviour (Mark, Husband)

A few participants particularly expressed their revulsion at behaviour that had targeted the children:

And to take my eldest grandson, which is not his son, he had the hens, and the chickens, and to make him stand there and watch while he rung its neck, I can't understand, I can't understand why somebody would put people through this. I've never been brought up to be like that and I didn't know there was... oh (sobs) I'm sorry (Eric, Dad)

Sometimes people, in trying to make sense of such inhumane behaviours speculated reasons, such as the perpetrator having had an abusive upbringing or being mentally unwell:

...[T]he man has got to be mental, but apparently he's got a certificate now to show that he's not mental, he's had an assessment, but I'm sorry, but as far as I'm concerned he's mental. If he was a dog I'd put him down (Eric, Dad)

For Sally, there was distress in finding out how widespread DVA is, and she took no comfort in learning from others that they had been through something similar:

We told some people, and we're quite amazed how much of this is going on, absolutely amazing how other people are having problems like this... I think [hearing has been] unhelpful 'cos it just makes you think the whole world is... I don't know, I'm just so naive, I didn't realise there was such problems in the world (Sally, Mum)

Dissonance

In addition to challenges to core beliefs about the world, participants also described inner tension in the form of dissonance; of conflicting pressures within themselves that left them ill-at-ease. Sally, before she and her husband had fully understood the situation, experienced tension between the love she had for her only daughter, and the ways in which Amanda was behaving towards them, causing great pain. While for Eric, following disclosures by Amanda, it was balancing the strong desire to act in order to protect her, with respecting her wishes regarding the handling of the situation. In fact this tension between a desire to intervene and the need to hold back was apparent in many people's narratives:

So she had an exit strategy sorted, which didn't suit the rest of us because we all wanted her to go home, pack her bags and the kids' bags and leave right then...we wanted to work to how my friend wanted it to be: she had her plan and we wanted to respect that. But the stress that came with not hiring a van, going there, dealing with him in the way that you want to deal with someone like that, which is completely and utterly against the law of course, and getting her and the kids out of there, just removing them: the stress of that was monumental at times (Louise, Friend)

For some people there was inner tension around sharing their concerns about the relationship, or about the perpetrator, with the survivor, either in the initial stages or much later. The choice seemed to be between being viewed as unsupportive or interfering, which might have led to alienation of the survivor, with keeping opinions back that were uncomfortable to hold, the not-sharing of which had potential to be extremely harmful. This place of dilemma was a really uncomfortable one:

Because of the taboo that she was dating a prisoner it meant that she'd lost custody of all her children, and, I completely disapproved, like you always choose your children over any man on earth, but at the same time I thought, "OK she's not in a well space. She's falling for this guy, she's not in a well space, maybe it's best the children are with their dad now." You know, but I was judgemental about what she was doing. But I didn't say, "Oh you shouldn't do that," because I thought, "This woman is so needy, she's so deeply, deeply needy, that she's gonna be in this relationship whatever I say cos it's doing something for her." (Stacey, Friend)

Sometimes, it was the management of interactions with the perpetrator that created dissonance, which will be covered in a later theme. Occasionally the inner dilemma between intervening and holding back, was a protective one for the friend or family member themselves, or on behalf of others in the picture. Kate, in particular felt a huge sense of disquiet that she had not enabled her friend to move away from her boyfriend, but this was coupled with equally uncomfortable thoughts about the possible outcomes of having enabled the move, particularly the thought that others might have become embroiled and suffered consequences. For Jenna, as well, there was tension in conflicting loyalties, because her sister had been in an abusive relationship with a member of her in-law family, and she felt herself very much stuck in the middle of the situation. Several others also described the impacts on relationships that resulted from competing demands, which will be more fully discussed under the relationship impacts theme.

Heightened sense of responsibility

Within social networks, it is not unexpected that people feel a degree of responsibility for the wellbeing of others; that people look out for one another or provide support during challenging circumstances. The participants I interviewed talked partly about this, but some people also spoke about having found themselves in more extreme positions of feeling responsibility for the survivor, something that could feel like a *'burden'*, a *'duty'* or a *'weight'*, particularly if people felt alone in bearing the responsibility:

I've seen her embark on a new serious second marriage that has been extremely abusive to the point where she lost all her friends, so I felt sort of duty-bound to keep supporting her... (Stacey, Friend)

Nobody cares. So we've just got to get through it together...I think at the time I did want some support perhaps part of me still does, to know that I'm not alone. I think that's probably what I'd like: to know I'm not alone (Mark, Husband)

Several people spoke of putting their own priorities on hold, in spite of complex demands in their own lives, and of substantially altering life-plans in order to protect the survivor. Others talked about the all-consuming nature of supporting a survivor through particularly intense periods. This taking-on of additional responsibility was especially apparent when the survivor was considered to be vulnerable by the network member:

Some people referred to that, "You almost acted like her mother...you were very protective of her."...with Aamna I took on a lot of responsibility, I was making decisions on her behalf. Even I was going with her to the solicitor appointments and helping her with opening bank account or getting passport or things like that. I became very involved (Zakia, Friend)

For Mark and Richard the sense of responsibility was most keenly felt around trying to help their partners navigate the child custody legal processes:

...[I]t's up to me to really help to sort of tip things one way or the other, and if I don't kind of support her in the right way or, because of my understanding of the culture and the way things work here, don't give her the right advice, maybe decisions will be made which will be adverse to her regarding the children... (Richard, Partner)

Work colleagues, Vicky and Ruth, who had not had particularly close relationships initially with the survivors they had gone on to support, took on an inordinate amount of responsibility for their welfare. This support, whilst willingly given, was nevertheless onerous at times:

I started doing the picking her up and dropping her off, and I took responsibility for her safety really, in the face of nobody else doing anything...if only somebody else had shared the

burden...I was acutely aware that I was trying to carry another person with me and keep her buoyed up (Vicky, Work colleague)

She was at that time emailing me six/seven times an evening; it was quite an intensive, probably about six months...(Ruth, Work colleague)

Sometimes participants not only described a level of responsibility that they themselves had taken on, but also that which others had imbued them with:

I get pressure from [my sister], this underlying vibe from her of, "you have to protect her," constantly being reminded by my sister and my grandmother actually, every time I visit, every time I see them, the first question is always, "How is she? Is she OK?" (Emily, Mum)

Out of the participants I interviewed, Vicky alone had been in the situation where the person she supported had died. She described being put in a position both by the organisation she worked for, and by Polly's family, where the responsibility for dealing with the post-death arrangements was almost completely, and entirely inappropriately, thrust upon her:

...[L]ots of people, friends of hers would ring up and say, "Oh Polly's mobile phone is broken." "Well the police have got it because she's dead." I did all of that every day, week in, week out... "By the way, we can't do it, so will you do the funeral?" So [I was] then scrambling around, trying to write an obituary for somebody that is dead in very, very strange circumstances... that was really difficult for me, that there wasn't a formal way of somebody else dealing with this thing that the family had said, "We're not interested. We want the cash but we don't want to organise the funeral, we don't want to do anything about it." And I became the middle man between the family and the organisation (Vicky, Work colleague)

Suzie spoke about her sense of responsibility for her daughter Anna, who had a drug addiction in addition to being in an abusive relationship, in a different way than other participants. At a point where she felt that Anna was remaining dependant on her and her husband in a detrimental way, Suzie described a process of trying to give her daughter back the responsibility to take charge of her own situation. This step included

making the choice not to foster her granddaughter, in order to get Anna to start using her own resources, and to fight for what was important to her. For Suzie, there was huge discomfort and pain in making these proactive decisions:

If we'd have taken [my granddaughter] in, she would still have had some dependency, had some support, instead of using her own resources, if you like...it was horrendous. Oh yeah horrendous, and the phone call to Anna saying, "I'm not going to support or help you anymore." And I was in the kitchen, and one of my sons was at home, and I put down the phone and just cried for ages (Suzie, Mum)

Feeling disempowered

Feeling disempowered was a very strong subtheme that recurred time and time again in people's narratives, and was often interlinked with other emotional impacts, such as fear, anger, frustration and sadness. Participants spoke about their feelings of impotence to intervene during the abusive relationship, and to protect and support sufficiently in the aftermath. Linked with disempowerment, there was also a sense that people lacked voice; that their experience and their viewpoint were often disregarded, seen as unimportant or invalidated in some way.

Many people spoke of their sense of disempowerment linked with fear for the survivor and her children:

There was nothing I could do, I was completely out of control, the most important thing in the world to me this is, and it was like there was nothing I could do about it, I was out of control (Emily, Mum)

I felt really helpless that she was going back to situations where we knew she was gonna be hurt, but by then understanding domestic violence, knowing that for her safety that's what she wanted to do. And we only had to go with what she wanted... (Gwen, Sister)

For some, interactions with professional agencies or statutory organisations compounded their sense of helplessness, either because the information they got confirmed their sense that there was little they could do, or because professionals indicated that pursuit of justice was unlikely:

I was phoning to try and just get advice, 'cos I didn't know where to turn, or what to do, and actually the sort of answer I was getting was, "there's nothing you can do" that was the stock answer I was getting from everybody, "there's really nothing you can do," and I understand that because ultimately someone's going to do what they want to do, but because of her age, because she was only sixteen, I just felt like, as I was her parent, I had a parental responsibility towards her, I just felt there must be something that I can do because of her age, because she's not yet an adult (Emily, Mum)

I think it was like the hopelessness point, like really knowing that the police would never do anything about it and that was the end of it... (Ben, Partner)

Several participants spoke of the persistence of their sense of powerlessness; that even some time after the end of the abusive relationship they still felt a lack of ability to stop the perpetrator impacting on their own lives and the lives of their loved ones:

...[T]he question is always going to be: how can we stop it? The sad thing is that I feel we're in a position it's just never going to stop until [my step-daughter] is old enough (Mark, Husband)

I just feel as if I want to protect my daughter and my grandchildren...it's very, very painful, very painful. But I don't seem to be able to do anything about it. My hands are tied and I need to get her out of this mess (Eric, Dad)

An allied but slightly different impact was where participants felt they had no voice about the situation. It was clear from the interviews that people were sharing information that was raw and often unprocessed; an indication that they had not had many opportunities to speak about their personal experience of the situation. People did mention having confided in others, but these confidences seemed to be most often about incidents or events rather than about making sense of what *they themselves* were coping with. Mark alluded to this lack of voice by thanking me for focussing on friends and relatives in my research:

[I'm] fully supportive of what you are doing because it's been, what, seven years now, and this is the first time somebody said, "How are you?" (Mark, Husband)

Silencing came in many forms, sometimes it was professional agencies who did not seek or act upon information from family members, particularly regarding concerns about the survivor's children, and sometimes the survivor herself either intentionally or unwittingly prevented expression:

If I were to say to Amanda "I'm still depressed about this," she'd say to me, "It's not all about you, Mum" (Sally, Mum)

Occasionally participants silenced themselves by questioning the legitimacy of having feelings themselves about the situation:

I do [get opportunity to voice those thoughts] a bit, but I guess to some extent I feel that I should be supportive of Judy, because she is the victim and I kind of think I should just be able to be a bit more detached, not feel that way myself, and just be there to support her (Richard, Partner)

For Vicky, there was a complete ignoring, by her seniors at work, of the suffering and distress to herself and her team when her colleague Polly died after months of horrendous abuse:

I don't remember a single time when anybody in authority took me aside and said, "Are you OK?"... "Would you like help?" "No thank you, but I'm really pleased you've asked me." As opposed to nobody mentioning it, and therefore the appearance that nobody cared. And because we coped so well and kept it in a little container of terrible distress, it was just forgotten really quickly (Vicky, Work colleague)

Jenna spoke about being silenced in quite a different way; that because the perpetrator was a member of her husband's family, and not everyone knew about his abuse of her sister and niece, that there was an atmosphere of secrecy hanging over the family which was highly uncomfortable.

Sadness & depression

Many of the participants spoke of having felt low at some point during their support of the survivor. For some people this lifted, whilst for others it persisted. Most people described a dip in mood that indicated despondency or a temporary sense of

hopelessness, but a small number of people had received diagnoses of depression, had taken antidepressants or had had suicidal ideation.

Some spoke of sadness that persisted in the wake of the abusive relationship due to the on-going effects on the survivor, her children and themselves. Zakia mentioned the sorrow that she continued to carry about what had happened to her friend Aamna and her baby daughter. Sally described eleven years of feeling low and of having found little to alleviate these feelings. Gwen talked about a continuing sense of sadness that she had about her family's lack of awareness which had prevented them from intervening earlier, whilst Daisy spoke of on-going sadness as the survivor's children processed through her what they had witnessed.

Regarding sadness and low mood that tipped over into depression, Mark talked about a long journey to a depression diagnosis, with subsequently prescribed antidepressants having helped him 'over the hump' during a time when he was struggling to switch off from the pressures of supporting his partner. Suzie also mentioned antidepressants helping her at a point where she felt numb about the whole situation:

I just I remember sitting in an armchair in my living room, literally with the duvet over me and I just couldn't move or I just lost it, I didn't really feel anything and then depression...I think the antidepressants did help actually...I was on them, maybe three to six months, and then started weaning myself off. 'Cos I thought, "No, no, Suzie, this probably isn't a good idea," and was fine after that, but I did make some sort of serious decisions then about protecting myself (Suzie, Mum)

During this time Suzie described having considered ending her life because the circumstances with her daughter felt so desperate. Likewise Sally, also a mother, hit a similar point, where she could not see a way forward:

I did have suicidal ideation...you know, "What's the point?" and actually having thoughts about, "I'm gonna go and jump off Beachy Head," or, "I'm gonna drive into something," things like that. So I could be driving along and think, "I just want to have an accident," And just a feeling of helplessness. So kind of, "There's nothing I can...," it's that losing control, isn't it, which I'd never had any way from the beginning (Suzie, Mum)

*I decided I'd kill myself (crying)...I felt just done with everything;
I was just going to jump in the sea... I remember going,
choosing the place (Sally, Mum)*

Confusion & uncertainty

Almost all participants described periods of time when they felt an uncomfortable sense of confusion or uncertainty, not only about the situation itself and what the trajectory might be, but also about *how to handle it* and what best to do to support the survivor and protect themselves. Some confusion persisted and often participants struggled to remember chronology of incidents, or were still in the process, as they spoke to me, of trying to make sense of what had or was still happening. On occasion, confusion resulted from the survivor's reticence to share details of their experience. The *not knowing* could, in itself, be painful because it left people without an understanding of what was happening:

We were invited to the christening of the [children] and at the christening we were sat right at the back, we were pushed to the back out of the way, and we couldn't see the christening from where we were sat, and yet friends of his, his ex-girlfriend, in actual fact was godmother and I just said, "I don't see this at all, I can't understand this at all."...things just went from bad to worse as far as I can see. But we were not told of anything at all (Eric, Dad)

Where people knew little or had yet to realise that the relationship was abusive, participants described having felt '*in the dark*' and '*trying to work it out*', a piece-meal process to draw their own conclusions, which they often discovered later were inaccurate or partial:

I thought perhaps I'd upset them in some way and I wasn't sure what or how...my assumption was that they had financial troubles, and I was trying to probe to see what it was... there's never really been a conversation about it, because she obviously doesn't wanna have a conversation with me; I guess there's things you don't talk to your dad about, you know... I was worried about her. But I didn't know what I was worried about (Barry, Dad)

I sort of witnessed it, but didn't probably know that I was witnessing it, 'cos I was probably 18 at the time...I think I would

give smart remarks back, but then I would stop 'cos I knew that if I won then there would be a fallout to it and I couldn't work out why I felt like that...It's a bit like you know something isn't right but you can't, when someone's blaming themselves you think, "Oh is she just mentally unstable?" That sounds horrific, dunnit? But you do just go, "Is that the problem or what is going on really?" (Daisy, Friend)

Within a fog of confusion, Sally had begun to doubt her gut reactions about her daughter's relationship:

They got married on the campsite, in the church, and when they said, "Has anybody any objection?" he turned round and glared at me, and I just smiled and I thought they must be 'appy together, I must be wrong, and my sister used to tell me I was paranoid because they seemed to be happy together when they was out and they seemed to be 'appy, I was the person who's objecting... Well I thought, I must be wrong. They must be OK... (Sally, Mum)

Where there was confusion, there was not only potential for the situation to be misunderstood in terms of gravitas, but also for the network member to feel bad, at a later stage, about how they had responded. In particular, Barry spoke about the abuse of his granddaughter by the perpetrator, and his misunderstanding of his daughter's behaviour; that she was proactively trying to get her daughter taken into care in order to keep her from harm:

I didn't help matters because all through that period, as such occasions as I got to get a word, which was pretty rare, I was trying to get [my youngest granddaughter] back home because I didn't know that all this stuff had gone on and of course I was just making things worse, you see. But, I can see where Penny was coming from now, now that all the other stuff's come out (Barry, Dad)

Where people had been told more detail by the survivor, this did not necessarily remove uncertainty or confusion; Kate spoke of feeling that her friend Norma *'wasn't being quite straight with people'*, that whilst Norma shared some information, she was only telling part of the picture. There was also confusion if the survivor had different ideas about what was abusive than the friend or relative. For example, Daisy and Ben both

defined incidents within their friend's and partner's experience as rape, but felt that the survivors would not have agreed with this description. For Sally, it was trying to make sense of her daughter telling her there had *not* been physical abuse in her relationship:

It's just that he's never hit her, I find that hard to believe but then I've read different books that Amanda's said, get and read it. 'Cos I said, "I don't understand," you know, you just have to understand as a parent (Sally, Mum)

Some participants spoke of confusion that had persisted, either about the situation, or more particularly about the survivor's or the perpetrator's subsequent behaviour in the aftermath of the relationship. Josie expressed confusion that Dee would want to meet up with her ex when she had been managing so well without him. For Richard, it was the perpetrator's behaviour towards him that was perplexing and unsettling. Stacey made the point that with health conditions it was possible to have some sense of trajectory and outcome, but not with DVA:

I think if you have a friend who's got cancer or diabetes or something like, you kinda know what's happening next, you know, well they're done with their treatment and then a year later they're going for their check-up, and you kinda know how they're doing. But when you're supporting someone who's in a violent relationship, you don't really know when it's gonna end, how long they're gonna need you to support them, or how much worse it's gonna get. It's not very predictable (Stacey, Friend)

A few participants spoke of a moment of shift from their confusion, or a dawning awareness of the situation, and for these people an increase in understanding led to both better coping, and to better provision of support to the survivor:

When it came to the crunch and my friend was disclosing the abuse, it just all seemed to fall into place and all seemed, "Yeah, I can see this now." (Louise, Friend)

I think when I didn't fully understand it, we were just confused, and we would talk about it...relived the incident really, and then I think when we got an awareness we talked about how we would cope with it and how we could support my sister better (Gwen, Sister)

A previous general knowledge and awareness about DVA, or access to input from people who could help 'illuminate' the situation was useful, and as Barry described, helped to prevent 'floundering around in a world of innocence':

My friend, who lives [nearby] has worked in that sort of field, so I was getting some fairly good professional input as to why what was happening was happening, so with that knowledge actually I managed to not misinterpret what was happening quite as I probably would have done, to be honest...basically what [my friend] did was to illuminate, to help me to understand what was occurring, because without that input I would have been floundering badly. Because I realised I didn't know what was happening, but I'd no idea why, what, who, where and how, you know, I didn't know at all (Barry, Dad)

Unfortunately, for a few people, being around others who had strong views on the survivor's situation was particularly unhelpful, adding to their sense of uncertainty:

Everyone was absolutely focused on the children...when I was having these conversations, nobody was going, "Oh my God, what can you do to help her and what does she need?" They were just like, "Oh my God, the kids, what's going to happen to them? Oh it's so awful, la, la, la." So it sort of wasn't very helpful actually. It didn't help me clarify my own thoughts really (Lily, Friend)

Guilt, shame & self-blame

Guilt

The most common sense of guilt participants described was in relation to not having known sooner about the DVA, or not having understood what the behaviours and impacts they were witnessing meant:

I think when I realised that she was being impacted, I felt an overwhelming sense of guilt actually, because this had been going on for her for a long time and I'd been just getting mad at her for making the family upset really...I'm sad, that we couldn't help her sooner, or that we didn't prevent it from happening, it makes me sort of sad with myself really, I think, and angry at myself and, for not being supportive sooner, and doubting her (Gwen, Sister)

Others described feeling guilty about their thoughts and feelings about the situation; in

particular it was difficult for participants to express any negativity towards the survivor:

As much as I love my wife, sometimes there is a feeling of resentment, which is a horrible feeling, I know it will pass. Why did I enter into this relationship?... (sigh) But I did enter into the relationship, something has kept me going. And I know that it's who Nicky is, she's got baggage so I'll help her, I'll continue to help her as much as I can. I don't like that sometimes slight feeling of resentment... (Mark, Husband)

Ben talked a bit about things that he felt he 'shouldn't' have done, and berated himself for occasions when he felt he had got 'caught up' with his own feelings about the situation rather than focussing solely on how his partner Laura was doing. Other participants too mentioned that it was difficult not to feel guilty about offering support that felt in some way inferior to that which they thought they ought to be providing:

It's exhausting, and I think that that's why I don't see her weekly, and I have a bit of guilt if I haven't seen her for four months or something, or I 'ant seen the kids for four months or, I don't know how else to describe it, you sort of feel like you're obligated, but not, 'cos you love them (Daisy, Friend)

This was especially the case in the few instances where the relationship between the survivor and their friend or relative had become strained or was lost completely. For Kate, a sense of guilt was the predominant emotion and impact she expressed throughout the interview, one that had persisted for years after uncomfortable decisions she had taken around not getting involved in her friend's situation, and protecting a mutual friend from potentially getting embroiled. Reassurance from one of Kate's friend had done little to assuage this feeling, and whilst a geographical distancing had helped, it had not removed the feeling completely:

I felt really guilty about that... I think I spoilt it. I think she didn't rent her a room because of that. And I felt very bad about that, I still feel bad about it to this day...I feel like I let her down for the sake of supporting this other person I didn't know so well, I felt very tricky about that. And I never felt the same towards the one who was being abused by her partner, because I didn't feel like I could be honest with her anymore. I knew, every time we met, in the back of my mind, that I'd done something that had messed up perhaps her only opportunity to get out. I didn't

want to see her so much. I felt bad about it. Which was horrible of me, I still feel I've been horrible to her, because I didn't, well I don't know if I did the right thing, I still don't know if I did the right thing (Kate, Friend)

For a few people there were feelings of guilt when positive things happened in their own lives, whilst the survivor's experience was so negative. Anne described feelings akin to *survivor guilt* because she herself had fled an abusive relationship, whilst her friend Sarah remained with her partner, who had coerced her into having an abortion:

She had the termination. Because I was pregnant not long afterwards, I was feeling a bit guilty, you know, when she came to see my baby. I was thinking it must be very hard on her, there is a bit of, kind of, survivor's guilt about that (Anne, Friend)

Shame, embarrassment & self-blame

In addition to guilt, a few participants expressed something of the shame they felt about the situation. For Emily this was to do with encountering agencies and organisations that she had never thought she would have to. She described having wanted to keep her daughter's experience quiet; feeling embarrassed that the neighbours and other acquaintances would find out about the situation, and went on to describe what she thought the embarrassment and shame was about for her:

I felt ashamed, I felt embarrassed, I didn't want people to know. I very much wanted to keep this quiet, I really didn't want people to know...Maybe it's a snobbery thing, I guess it's just, 'cos that's not how I live my life, I'm a professional, I've a professional job, I live my life by certain standards, so it just felt alien to suddenly be exposed to having police officers come to my house, I've never had police officers come to my house before, I felt almost like I was a criminal, that I'd done something wrong, and having social workers call, you know, maybe it's, again, a sort of stereotypical mindset of thinking well, these people only deal with bad people (Emily, Mum)

Connected with the idea of shame, a few people specifically mentioned embarrassment, but for very differing reasons. For example, Ben described feeling embarrassed after having sent the perpetrator a text whilst angry, because retrospectively he felt it was an unwise thing to have done. Daisy spoke of her embarrassment at the perpetrator's

actions whilst she visited her friend; that he had dragged Jane away, demanding sex then-and-there whilst Daisy waited awkwardly downstairs.

Several people described instances of being blamed or judged by the survivor, the perpetrator, or by others around them, and this will be covered in other themes. Beyond this, they also talked directly about the blame they placed on themselves, or spoke about themselves in a derogatory way that indicated self-judgment. For example participants called themselves '*stupid*', '*silly*', and '*selfish*' for having felt the way they did or for having responded in particular ways to the situation.

Theme 1 - Summary

The participants interviewed spoke a great deal about the psychological and emotional impacts they had experienced. Network members often talked about the recurrence or persistence of these psychological impacts, with a few participants suffering ill-effects long after the abusive relationship had ended, or they had lost contact with the survivor. No participant spoke solely about one form of psychological impact, their experiences were cumulative and often followed a trajectory, which was seemingly dictated, at least in part, by what the survivor experienced, the impacts on her, and by her behaviours and choices.

Theme 2 - Physical health impacts

The notion of *embodiment* recognises that we are simultaneously social beings and biological organisms, and suggests that our physical bodies will often *tell stories* that match with our account of the conditions within which we exist. Participants frequently talked about the *stress* of the situation; a somewhat broad description, which they used almost as a summary term to capture a variety of impacts experienced concurrently, and it was to this idea of *stress* that many people linked the physical health impacts they had experienced. With these ideas in mind, and the previous theme as backdrop, I will explain the physical health sequelae participants described.

Physical symptoms and ailments

At a fundamental level, some participants described feelings of physical unease resulting from thoughts they were having or emotions they were experiencing whilst alongside the survivor. Thoughts mentioned in this context related to worries concerning the survivor's safety, and the emotions mentioned that precipitated physiological responses were: anger, anxiety, powerlessness and sadness. Participants described the resulting physical sensations as '*feeling sick*', '*shaky*', and '*physically unsettled*':

For me that comes with a physical feeling of almost not being able to breathe and feeling churned up inside, and how would I label it? Just a deep sadness, I think (Suzie, Mum)

A few participants talked about less temporary, and perhaps more serious, physical ailments that they felt had resulted from the stress of supporting a survivor; back and neck tension, migraines, shortness of breath and tight-chestedness were mentioned. Eric, in particular, thought that his symptoms were very much tied in with the anger he felt towards his ex-son-in-law, and his sense of powerlessness to protect his daughter and grandchildren:

How am I coping? I'm not really; it's actually made me quite ill...I was getting a very tight chest; I thought I was having a heart attack, to be honest. And I went to see my doctor and he said that he thought it might just be a bit of fluid on the lungs but it gradually got worse and worse...I went to see the doctor here for a second opinion and she said, "Your lungs are clear and blood pressure's normal, heart rate's normal. Your breathing is a bit heavy," but that was about it. And she said, "Are you stressed about anything?" And I said, "Urm, yeah." And she said, "Well try and relax a bit more, don't get so stressed." But she didn't know the situation, but it tied in, it ties in very well (Eric, Dad)

In addition, Stacey spoke of a health condition which she perceived as having worsened since her friend Hannah had started a relationship with an abusive man. For Stacey there was a connection between the reduction in energy that her friend Hannah could provide in terms of support, and the decline of her own health.

Sleep difficulties & tiredness

Some friends and relatives of survivors described having lost or broken sleep for a period of time, and this was mentioned in discussion about relentless anxious thoughts and concerns for the survivor, or worries regarding their role in the situation. A range of sleep problems were described, from difficulty getting off to sleep, waking up in the night, waking up thinking about the situation, to hardly sleeping over a one week period.

Relatives and partners more often reported loss of sleep than did friends or colleagues, particularly during critical stages:

I was close to breaking point, I didn't sleep, I remember one week in particular, when she came home, when it all came out...that week in particular where it was really hanging in the balance, that she was adamant that she was going to drop the charges, and actually put herself in a position where she's going to say she's lied to the police for him. And I thought, this means she'll go back to him, and I remember I didn't sleep at all that week, I was just pacing the floor (Emily, Mum)

Many of the participants who mentioned sleep difficulties talked about the impact that communications with the survivor, or with others involved in the situation, had if they happened just before bedtime:

...[W]hen things get on my mind I found it difficult to sleep, so it was impacting, particularly when I knew there was something, like an incident kicked off or something had happened and I'd spoken to her (Gwen, Sister)

When [communications from the perpetrator or his solicitor] come through, it depends on the velocity and ferocity of it; I will be up most of the night (Mark, Husband)

A few participants proposed direct connections between reduction in quality sleep, and the intense emotion they were experiencing as a result of the pressurised situation. Suzie and Mark mentioned a link with depression, whilst others talked about the impact of anger in keeping them awake:

Like waking up in the middle of the night, and then having this going through your head. And then when the feelings get involved with that, if you do get angry about it, then you're kind

of stuffed then for the night really, I don't know how to sort of calm down after that, I suppose, enough to get back to sleep anyway (Ben, Partner)

Two participants volunteered the proactive ways in which they managed the potential of the situation to disrupt sleep: Stacey chose when to engage with e-mail communications from her friend, and one of Louise's tactics to manage intense feelings which would prevent her from sleeping, was to plan the practical things she could do the following day to support her friend.

Whilst Jenna and Vicky did not mention sleep difficulties related to the situation, they did mention physical tiredness that had resulted from giving assistance to the survivor. For safety and for her sister's peace of mind, Jenna had moved both the survivor and her own family within a matter of days, which she described as '*totally knacker*'. Vicky explained how she had taken responsibility for her colleague's safety, resulting in an extra 10 hours driving a week (daily taking her colleague to work and returning her home). This, and the strain of trying to carry the situation virtually single-handedly, had left her feeling worn out.

Appetite & weight loss

Mark and Emily mentioned a loss of appetite or weight loss when discussing their health, with both describing it as one of their bodies' default responses to stressful external events. For Mark it was triggered when he tried to take the pressure off his wife by dealing with reams of solicitor correspondence, concurrent with being under great pressure at work. Whilst for Emily the weight loss came at a time of huge anxiety, when trying to persuade her teenage daughter against returning to the perpetrator. There were knock-on consequences of the appetite loss, Mark experienced migraines and Emily's health and concentration suffered:

I lost a lot of weight 'cos I wasn't eating, and I think I was so anxious, stressed...I'm small anyway, so if I go through a stressful period and I lose weight, I immediately look so gaunt and so ill, so then my mother was worried about me because I'd lost weight and my family were worried about me because of my health, and I just couldn't focus (Emily, Mum)

Theme 2 – Summary

Physical health impacts were mentioned much less than other types of impact, although for some individuals there was clearly distress attached to the symptoms. Mostly people talked about health repercussions as resulting from impacts on their psychological wellbeing, in particular in relation to *stress*, a term which they appeared to use to indicate heightened states of panic, anxiety, fear, powerlessness and anger. Predominantly the physical health impacts were transitory, lasting for a brief period during times that were particularly intense, and subsiding when situations resolved, particularly in relation to the survivor leaving the relationship, or communication with the survivor being restored.

Theme 3 - Direct perpetrator impacts

The third theme that emerged from the interviews was the impact that the perpetrator (or members of *his* network) had had directly on survivors' friends, relatives, colleagues and partners. Much of what participants described looked very familiar in terms of behaviours perpetrators frequently use against survivors, particularly with regards to gaining power and exerting coercive control. Participants often talked about discrete incidents, but in listening closely to the narratives it appeared that this was about limitations in the possible language and means of communication available to convey their experience. In other words, they were trying to explain a felt sense of the perpetrator's behaviour towards them that was often intangible, yet nevertheless hugely impactful on their lives, and their means to do so was by giving illustrative examples. Thus, the idea of coercive control flows as the sinister undercurrent through almost all of what is presented in the section below.

Contact & interactions

Some participants described not having had much direct contact with the perpetrator or his social network, and this was particularly the case if they were not family members of the survivor. Several of the friends and one current partner had never met the perpetrator, because the abusive relationship had ended prior to participants'

relationships with the survivor, the survivor had chosen not to bring the two individuals together, or the friend had actively made a choice not to meet the perpetrator:

I said to her, "I don't ever wanna have any contact with him, I'm sorry, I value you as my friend, I'm sorry, but I wouldn't wanna be in his presence." (Heather, Friend)

For other friends and family members contact with the perpetrator was thorny from the outset, and they had taken an '*instant dislike*' to him, even if they had not necessarily recognised him as abusive. In contrast, a few people described how '*pleasant*' or how '*polite*' the perpetrator had initially seemed, but how their perspective had changed over time. One participant also mentioned the perpetrator seeming '*too perfect*' when she met him, which had actually made her suspicious of him.

Contact, in and of itself, could be fraught with difficulties; some friends avoided being around the perpetrator because they felt discomfort themselves, whilst others spoke about the great tension between treading carefully, for the survivor's sake, and the desire to confront the perpetrator:

I had to be civil in front of everyone. I wanted just to shake him and just say, "Why are you doing this?" but obviously I couldn't, and I didn't wanna say anything to him to let him know that we knew what was happening... he could act so blasé and normal and obviously we couldn't really say or do anything about it (Audrey, Friend)

In situations where the network member had had some contact with the perpetrator during the survivor's relationship, most had then had no further contact if the abusive relationship had ended. This differed for family members and current partners in circumstances where the survivor and the perpetrator had had children together. In these cases participants described on-going and onerous contact with the perpetrator around child access:

...[I]t became more and more obvious that he was just being unreasonable over contact arrangements, and deliberately unreasonable, and being very dictatorial, controlling... I mean I started to wake up to it being a real problem (Richard, Partner)

The complex scenario Jenna described was also distinct in terms of on-going contact, because the perpetrator of abuse against her sister and niece was a member of her in-law family, and whilst she had had no active contact with him since revelations had surfaced, she expressed apprehension about the potential for encounters at future family occasions. In addition, Ben and Barry both mentioned uncertainty about what their response would be if they were to bump into the perpetrator, and Daisy, in describing such an occurrence, expressed the longevity and intensity of her feelings towards the perpetrator:

I walked past him in town once and I physically couldn't even talk to him or acknowledge him. 'Cos I thought if I go, "Hello," the kids and Jane ain't around and I'm just gonna explode over you and just go, "You're a horrific human being, d'you know what I mean? You don't deserve to have children, don't deserve to be alive."...it would be an emotional outburst and I wouldn't be in control of it, I just went, "Oh my God" [to my husband], "that was [Jane's ex], fucking ass, and I hate him, I hate him, I hate him" (Daisy, Friend)

One participant had chosen proactively to contact the perpetrator after the end of the survivor's relationship. Despite later feeling a sense of embarrassment at his action, Ben had contacted the perpetrator whilst angry because he had felt a strong compunction to unsettle and disturb the perpetrator's complacency:

I took his number out of her phone basically and texted him... I thought if he thinks someone else knows then maybe, the police might find out one day. I just wanted to make him feel unsafe in the same way (Ben, Partner)

Physical violence (actual & threatened)

Above and beyond difficulties in interactions with perpetrators, a few participants reported being on the receiving end of physical violence, and the context for this violence was the handover of a child between the perpetrator and the survivor's family. Eve explained that her ex-son-in-law had become verbally aggressive towards her daughter whilst he collected her granddaughter, and that her intervention had resulted in the perpetrator swearing, becoming 'very violent' and going to physically hit both her and her daughter. Mark also was on the receiving end of violence from his wife's ex-

partner during the handover of his step-daughter; having tried to give his wife a break from the stressful interaction by collecting her daughter from the perpetrator, he had been physically assaulted by him:

I was going to walk round to the driver's door. He was standing there. "I just wanna talk," he said. I said, "I don't want to talk, I just wanna get home." And he refused to let me in the car, so I said, "OK, if you're going to continue to do this I'm going to call the police." Then he started shouting and ranting and raving again at me, so I called the police; just before the police picked up, he just ran towards me, rabbit punched me in the gut and ran off crying. I reported the matter to the police. They didn't do anything about it, and now all that comes back is, from him, is that I was the aggressor and tried to rip [his daughter] out of his hands (Mark, Husband)

In addition, a few participants mentioned threats made against them either by the perpetrator or by members of his social network. Emily, whilst the police took a statement from her daughter following a violent incident, found out that her daughter's ex-boyfriend had made threats to shoot her and her daughter. She explained that these were probably not empty threats because he did have access to guns and had had one previously in his home. Jenna, likewise, found out about threats made against her when she encouraged her sister to come and stay, and Cerys refused on the basis that her ex-partner had threatened her sister's life. When asked about the impact that this had had on them, both Emily and Jenna were clear that they had not been frightened by the threats. For Jenna, this was not the first time her life had been threatened and she was determined to get on with life without being subject to fear. And from Emily's perspective, what the perpetrator had done to her daughter far outweighed anything that he could have potentially done to her:

...[H]e had hurt my daughter, threatening to hurt me, that was nothing...and that's not bravado, but it was like, I didn't even care about me, I felt he couldn't hurt me anymore, yes, potentially physically he could hurt, but I was not afraid of him (Emily, Mum)

In addition to the earlier mentioned physical assault, Mark also made reference to threats that the perpetrator had made to 'kick the door down' of the home that he and

his wife shared, and to the non-verbal '*death stares*' he had received from the perpetrator who was hovering outside the room during court proceedings.

It seemed that threatening behaviour was not limited to actions by the primary perpetrator; Suzie, spoke of threats that she and her husband had received from network members of one of her daughter's abusive partners. In one incident, people that the perpetrator was living with knocked on Suzie's door, and then proceeded to swear and make threats. On another occasion, knowing that her husband was in hospital and that she would be home on her own, the perpetrator and his sister phoned up, making threats to kill her. She recalled having been really frightened at the time and having enlisted support from her mum and a neighbour, although eventually reached a point where she realised that '*they were probably empty threats*'.

Hostility & intimidation

In addition to received or threatened physical violence, some participants spoke about being treated by the perpetrator with behaviour that was aggressive, hostile or intimidatory:

Always very aggressive...it was just in his whole manner, he would be very abusive and he came to the door and said, "No, I'm not talking to you. You're bloody well, you're interfering"
(Eve, Mum)

A few participants mentioned an escalation in the hostility directed towards them when they asserted themselves or acted in a way that the perpetrator perceived as a challenge:

I let them have this 500 quid...so I phoned him up and said I wanted it back. And I got a whole tirade of abuse over the phone, you know, quite foul language (Barry, Dad)

...[H]e was talking about how his son is gonna grow up, "There's no way that boy's gonna grow up and not be successful." I was like, "Oh right OK, what about some of the other desirable traits of a human being, like loving, compassionate, warm, intelligent, affectionate?"...and the edge to him was really, really nasty (Louise, Friend)

In addition, some participants talked about intimidation tactics that the perpetrator had used towards them. For Sally these took a couple of different guises; her son-in-law would tell stories of escapades designed to shock and indicate capacity for brutality, and he would enforce his perspective by using commands and intimidating body language. In Daisy's situation, the intimating behaviours were predominantly sexualised; whenever she went to visit her friend, the perpetrator would be watching graphic hard-core porn with friends and would make derogative, sexist comments about what he and she ought to be doing together, and how he thought her sexual performance would be. When Daisy refused to go along with his conversation and requests, he would call her 'frigid' and say she was a lesbian. Daisy, also described the perpetrator using his sexual abuse of her friend to further intimate her:

So when we were sat round one night and he went, "Oh, I feel really horny, come on," and she went, "like my friend's here." And he was like that, "Look, if we don't go and have sex now, you're not gonna enjoy your evening with your friend, are you? 'Cos I'm gonna make your life hell." So she went upstairs and had what I'd class as loud sex, to please him. And I was sort of sat there thinking, "Oh my God, this is really awkward." His friend actually looked really uncomfortable as well. And I was just like, "Hmm, maybe we should just put some music on or something, 'cos this is just really awkward and really intimidating" (Daisy, Friend)

Likewise for Lily, the behaviour and demeanour of her friend's partner had a sexualised subtext that left her feeling really uncomfortable:

...[H]e'd come in and he'd be like so all over me...he fancied himself as a bit of a chef, and he'd kind of be like cooking things: "Try this, try that. I've made this, I've made that." And it would be just, "Oh no, I don't..."...what he was doing was hospitable but actually just felt really aggressive (Lily, Friend)

In Vicky's case, the intimidation was less direct, but nevertheless keenly felt. She had only met the perpetrator once, but he used to stand outside her work colleague's flat watching her pick Polly up and drop her off, leaving her feeling unnerved by his surveillance.

Despotism, punishment & criticism

Some of the participants I spoke to mentioned behaviours directed towards them that seemed to convey elements of control distinct from those previously mentioned. They described perpetrator-imposed rules or regulations, being chastised or belittled, and having points of view dismissed or ignored. Sally and Eric gave prime examples of this whilst describing how their interaction with their grandchildren was regulated by their son-in-law. They were given explicit instructions that they were not ‘allowed’ to touch or hold their baby grandchildren when they visited, and they were given lectures by the perpetrator for ‘interfering’ and for having ‘spoilt’ their eldest grandson:

He said that we’d ruined him, and it was a hard job for him to bring him up from that because he’d have to undo all the badness we’d done by spoiling him... if we went round we used to find that if [our grandson] was there and we said, “give us a cuddle,” he was four when we first went, [he’d] come and give us a cuddle, but then he’d find fault with something [he’d] done and send him to his bedroom...so we learnt, that if we went round, I’d said to my husband, “Remember when we go round don’t start being affectionate, while [Amanda’s husband’s] there, because [our grandson’ll] be the one that suffers” (Sally, Mum)

Their descriptions indicated that *rules* were enforced by the implicit threat of penalties around their contact with their daughter and grandchildren:

We were allowed to hold the children for the photograph, then they were taken back off us. When we got home to their house, he placed the children on the floor in front of us and told us not to touch them, “You can look at them, but don’t touch them.” I said, “For God’s sake, grow up man.” And I said, “They’re grandchildren.” So I went to pick them up, and he got very, very angry...anyway, after that we didn’t see them for quite some time (Eric, Dad)

Despotism and punishment were also part of the picture where family members were undertaking a supportive role with the handover of children between the survivor and the perpetrator. Times and restrictions were often overridden or exploited, and family members struggled to challenge these, for fear of what might result.

Stealing property & finances

A few participants mentioned theft of property or finances by the perpetrator. In scenarios reported by Eric and Barry, both had initially lent to the perpetrator but were then unable to recover their items or finances. In Eric's case, he had let his son-in-law borrow the tools he had accumulated over a lifetime and had lent money towards the purchase of a house. He had been unable to recover either, and understandably felt much aggrieved. Barry had also loaned money to his daughter's partner, which he requested back once he realised that his daughter's bank account had been virtually emptied by him. He had gradually stepped up the pressure to no avail, so had eventually taken the perpetrator to court, winning back his money. For Suzie, it was both the perpetrator and her daughter who had together worked to steal money and property, with substantial repercussions:

During that time, Anna [and her partner] cooked up a plan, and, they came and stole... I think my mum was staying with me, stole loads of stuff off of us, stole money from my bank account, stole my mum's car, and after that I think I, wouldn't say it was a nervous breakdown, but I was on antidepressants and off work for a few weeks (Suzie, Mum)

Manipulation

A final direct perpetrator impact was that of manipulation. Daisy described having inadvertently become part of one of the perpetrator's strategies due to her lack of understanding about the situation. She described occasions when the perpetrator had used her to reason with her friend Jane in order to get her to open the door a room in which she had barricaded herself. Daisy was regretful, because it subsequently became apparent that Jane was not mentally unwell, as the perpetrator had contended, but was simply trying to keep herself safe.

Theme 3 – Summary

Participants described their experiences in a way that indicated their vulnerability within the situation. Almost as an extension of the perpetrator's behaviour towards the survivor and her children, his coercive control could stretch beyond the boundaries of the nuclear family to impact on people with *any* sort of close relationship to the

survivor. Moreover, the behaviours and strategies that perpetrators used towards friends, family members and work colleagues were analogous to those which perpetrators use towards survivors. Sometimes participants had experienced these impacts overtly, but often it was more concealed, and therefore more subtly experienced, which left participants uncomfortable and in a place of uncertainty about what was really happening in their interactions with the perpetrator.

Theme 4 - Relationship impacts

Relationships are put to the test during stressful periods, and certainly the participants I interviewed mentioned this at length in relation to the abusive relationship. All described some degree of impact on their relationship with the survivor, though the impacts varied, dependant on their awareness of the DVA. Many people also spoke about a much more pervasive impact such that relationships with those in their *own* social networks had been put under pressure.

Relationships between network members and survivors

For some, the changes in their relationship with the survivor began before they became aware that the survivor's relationship was abusive, and they had experienced bewilderment as the survivor behaved towards them in a way that they considered unusual and sometimes hurtful. For friends and current partners whose relationship with the survivor may have started after the abusive relationship, changes *per se* might have been more difficult to identify, though ramifications for their relationship were nevertheless felt. The impact on survivor-survivor friendships was mixed, with some people building close reciprocal ties, whilst for others the shared experience was too painful and distancing had resulted. It was particularly the level of contact, and the manner of communication between the survivor and their friend, partner, relative or colleague that seemed to change most; whether strained, enhanced, altered, or completely curtailed. Participants also described some relationship impacts with the survivor that long out-last the period of the abusive relationship, and in several cases were on-going at the point of interview. Chronology felt important in what participants described so I have analysed the relationship impacts sequentially.

Relationship impacts with the survivor - prior to knowledge of the abuse

Some friends and relatives noticed changes in the way the survivor related to them, prior to an understanding that the survivor was in an abusive relationship. Occasionally the perpetrator's influence in this was more obvious, but often the changes were imposed by the perpetrator on the survivor, so came across to the network member as the *survivor's* chosen conduct towards them. For Emily a change in the way daughter Rebecca communicated with her, as part of a bigger picture of fairly dramatic behaviour changes, was very obvious because Rebecca still lived at home with her. It was hugely worrying for Emily and caused alarm bells to ring:

...[S]he became very withdrawn, didn't want to speak to me, withdrew from me, suddenly didn't want to communicate with me, and so I immediately picked up that something was wrong, and of course when I asked her, she said there's nothing wrong, nothing's the matter, and this quite sort of aggressive almost, "just leave me alone, everything's fine, leave me alone" (Emily, Mum)

Sally and Eric likewise felt a big shift in the way their daughter Amanda related to them, wondering why she was being 'cold' towards them and not '*backing them up*' when their son-in-law was being unreasonable. Eric felt strongly that Amanda's husband was keeping her away from her parents, and even on occasions when they did get to see her, the perpetrator was keen to be party to all discussions, often interrupting them and making accusations that they were '*talking about him*'. It culminated in the perpetrator throwing Eric and Sally out of the house, with Amanda making pleas to her parents not to '*interfere*'. Like Emily, Eric felt the unfamiliarity of his daughter's behaviour towards them at this point:

"This is not Amanda, this is not Amanda." But we didn't know the abuse that was going on behind the scenes (Eric, Dad)

Barry recounted having been '*sent away*' by his daughter for a period of about two and a half years and stated that, had it not been for the input of a close friend, he may have continued to misunderstand his daughter's reticence for contact.

Whilst for Gwen, the result of being alongside her sister Helen through two abusive relationships, without knowing that this was the case, had been a fragmenting of their

previously close relationship. Repair of the relationship began at the point where Helen disclosed to her family some of what she had been going through:

...[T]hat relationship just put a real wedge between us, and we went through a period of not speaking for about 18 months... because of my own ignorance really, it was the relationships and the impact of the relationships impacted on our relationship that I wasn't aware of at the time. I think I just thought, "Oh she doesn't care. She's got more important things going on than looking after me or thinking about me"... domestic violence has impacted me and my sister's relationship entirely, because it made it worse, and it split us up, made it dreadful...robbed us of our relationship throughout my teenage years (Gwen, Sister)

Friends too described initial misapprehensions about lessening contact. Audrey, for example, had thought that Jillian's reduced social activity with her friendship group was a very natural part of her embarking on a new romance, but the extent to which contact diminished made her realise that the situation was more sinister:

...[I]t became rarer and rarer when we used to see her, and she would be less available, because he used to make her choose whether she wanted to see her friends or she wanted to be with him...we just missed her really (Audrey, Friend)

Relationship impacts with the survivor – once the abuse was known

For those men who were in partnerships or marriages with a survivor, their relationships had been marked at the outset by knowledge of the relationship the survivor had had previously with an abusive partner. All three recognised that this previous relationship brought with it stresses, and for Mark and Richard in particular, whose partners were going through on-going court battles, and who had to have continued dealings with the perpetrator regarding child access, there was an increased potential for strain. Richard described the perpetrator as being 'polite' to him whilst confrontational and aggressive towards Judy; something he had become suspicious of because it felt divisive. He also mentioned the possibility of parallel pros and cons for his relationship with Judy; a sense of feeling closer to her because of having battled together and yet an ever-lurking stress that prevented relaxation together:

I think probably in some ways it makes us closer because we're trying to deal with this together, but it also feels we're under stress a lot of the time. So things aren't as happy as they could be. Even when we try and do nice things for ourselves together, go away, take a weekend break or just do something nice, I think it's hard to just relax and enjoy that perhaps in the way you normally would, because there's still this other thing in the background (Richard, Partner)

Mark and Ben both acknowledged, with some reticence and discomfort, that there had been arguments between themselves and their partners about 'baggage' brought forward from the abusive relationships. Mark gave a specific example of strain on his relationship where he and his wife had gone out on a date-night and the whole evening had become a conversation about her ex-partner, which was not the evening they had had in mind. The date ended in quarrel, with Nicky storming off and Mark giving her an ultimatum about needing to get some support. Ben, likewise, spoke of the difficulties that resulted when he and Laura had different perspectives on dealing with the aftermath of an abusive relationship.

Friends and work colleagues communicated two different scenarios from their experiences of relationships with survivors; the first, where the friendship had pre-existed the abusive relationship (or their knowledge of it), and the second, where the relationship (or depth of relationship) had emerged almost as a result of abuse disclosures.

In this first scenario, friends did not always find it easy to maintain their relationship with the survivor. For Lily, contact with Maria was limited by the perpetrator's behaviour (he had banned her from their home), and at times it also waned due to Lily having a reduced capacity herself to handle the situation.

Occasionally participants spoke about *their* influence over the level of contact with the survivor. Most people who mentioned this, talked about their pursuit of contact, for example Louise spoke of 'ramping up' her level of contact with friend Beth, and of joining Facebook so that she could surreptitiously check whether Beth was being active on-line as a reassurance to herself that her friend was alive. Kate and Anne, however, spoke about reducing their contact, either so that they were not around the perpetrator

or because they wanted to protectively distance themselves from what were very familiar scenarios to their own past histories of abusive relationships:

I think that we would probably be closer and we'd probably see each other more but I don't want to get into situations where I'm getting too close to her partner... I don't get involved with all the things that she organises anymore. Because I don't really want to see her partner... it's something that I tend to avoid because I've been there myself and I want to keep myself safe (Anne, Friend)

In the second scenario, participants' relationships with a survivor had grown, seemingly in response to disclosures of maltreatment. For example, Josie had experienced a rapid depth of relationship with her friend Dee when, at their first encounter, Dee chose to disclose the abusive relationship she had recently left. Josie spoke of their relationship as having become '*closer quicker than what you would normally in a friendship*'. Heather also described friendships that had had their origins in the disclosure of abuse by survivors. As a woman who herself had survived many years in an abusive marriage, Heather had gone on to take a very active role in a local DVA charity. Fellow students on her course were aware of this, and as a consequence two friendships with survivors resulted. Heather depicted both the fast-tracking effect that shared experiences had had on the friendships, and the depth of relationship:

Oh I think it's a friendship beyond the normal constraints of a friendship in a way... I mean I can definitely see us being good friends for a very long time, or forever, do you know what I mean?...she's not a friend that will just disappear when the degree finishes (Heather, Friend)

For Vicky and Ruth, whose relationships with survivors Polly and Rachel developed in a work context, there were some additional dynamics to the relationships because of dual roles that had different priorities i.e. offering support and friendship whilst making sure that work got done. This was more of a challenge for Vicky who worked directly with Polly in a very small team, and ended up line-managing her:

I'd be pushing her quite hard to hit deadlines or to produce a piece of work that was of quality, and she found that difficult, "why was I suddenly being bothered about the quality of her

work when I hadn't been before?" And my perception is that she probably found that quite difficult to understand... If she'd lost her job she would have been lost totally I think so the work relationships did change slightly because I became a bit more forceful in trying to get her to understand what her responsibility was (Vicky, Work colleague)

Ideas of altruism and reciprocity (or lack of it) peppered several of the friends' and work colleagues' accounts of their relationship with a survivor. Heather not only described what she contributed to her friendships with fellow survivors Jude and Lucy, but also what she gained from the shared understanding:

I only have to send her a text if I'm having a low day, and I'll just say, "I'm feeling rubbish," or whatever and we don't even have to communicate verbally we just know...I think it's this case of 'a problem shared is a problem halved' in both respects (Heather, Friend)

In contrast, several descriptions by friends and work colleagues were of relationships with a survivor that were predominantly one-sided; either because that was how they had originated or because that was how they had become over time. With no past history of friendship behind them, and work as the context of overlap, Ruth and Vicky's relationships with Rachel and Polly were almost entirely uni-directional. Not that that was unexpected or a problem for Vicky or Ruth; they spoke about their role as one of support without expectations of mutuality. The help they offered was in fact not entirely without reward, since both expressed a sense of privilege and self-validation from being able to actively offer assistance:

...[T]he friendship has happened because she had a need, and maybe I had a need to support, so we've helped each other (Ruth, Work colleague)

The one-sidedness of the relationship surprised Zakia after her friend Aamna left, not because she had wanted anything tangible in return, but because she discovered Aamna had not been as honest and open as she had assumed during their friendship. Zakia felt 'cheated' that her friend had not been truthful about receiving support from others, when she was investing so much of herself into the relationship.

For Daisy, a friendship with Jane that had been ‘very close’ since childhood evolved into a different entity over the many years during which Jane had been in an abusive relationship. They had made very different life-choices, and Daisy acknowledged that they had ended up with very little in common. Instead of a reciprocal friendship, their relationship had more of a basis in Daisy taking a supportive role:

I do think our friendship is maybe not a friendship; it's more of a counselling, I don't know, sort of old friendship, childhood friendship maybe... a lot of our time is talking about the past, the current, the kids, how she's getting on... But I still see her regular, and we do the dance we do (Daisy, Friend)

A few participants mentioned their own life situations that they had had to contend with at the same time as supporting the survivor. Whilst not begrudging the support they had offered to their friends, Lily and Stacey acknowledged that it had not been easy to not receive reciprocal support when they had most needed it:

I had quite a difficult marriage, and my husband was an alcoholic, and that was very difficult for me, so I didn't actually have much capacity to take on anyone else's problems, to really address them. I was sort of caught in my own situation... I suppose I felt quite rejected and I was quite lonely... I felt like I needed a bit of support and a bit of help. And she was suddenly not there at all (Lily, Friend)

Relationship impacts with the survivor – on-going

The negative impacts on friends and relatives relationships with survivors were often enduring, and occasionally the relationship terminated completely, either directly or indirectly influenced by the DVA situation. Kate, Zakia, Daisy and Vicky all had had a past friendship or work relationship with a survivor that had ended. In Vicky's case, work colleague Polly had died, for Zakia, her relationship with friend Aamna dwindled when she moved away to restart her life, for Kate, an initially subtle distancing in the relationship, became an ending once their friendship group dispersed geographically, and for Daisy, a frank conversation with friend Janet about boundaries and the level of support she could offer led to a rift, from which the friendship never recovered.

Even when the relationships continued, the effects were commonly long-term, and sometimes participants found it difficult to see how the previously close relationship could be regained:

It's destroyed my relationship with her, to be honest; it's had deep lasting effects... I've lost all trust, I don't trust her any longer because I trusted her implicitly because she'd always been so sensible, and then suddenly she does this, and her behaviour was so irrational, and it was just so out of character that I just felt I didn't know her, I felt like I was dealing with a stranger, not the daughter I'd raised. (Emily, Mum)

Suzie and Richard also acknowledged the continuing toll taken on their relationships with daughter, Anna, and Partner, Judy, although in their accounts was a level of optimism for the future as they mentioned attempts to reverse effects by proactively seeking quality time together.

It is also important to note that not all negative impacts on the relationship were long-lasting. Eve and Gwen described the flourishing of relationships with the survivor once the truth of the abusive situations had been exposed.

Relationships between network members and others in their own social network

On top of the impacts that participants described in the relationship between themselves and the survivor, all but three mentioned other people in their own social network with whom relationships had been affected. Sometimes, it was the strain of the circumstances at the time of the abuse that caused rifts, arguments and even breakdowns of specific relationships. Others described perhaps more subtle changes: a shift that followed their exposure to DVA, which altered value systems and perceptions of others in a broader sense, with a general level of caution, suspicion and lack of trust in relationships resulting.

There was an apparent distinction between the impacts on relationships that family members reported, in comparison to those conveyed by friends or work colleagues of survivors. Family members predominantly (but not exclusively) spoke about changes to their own partnerships and their relationships with their siblings, the survivor's children

and their in-laws. A few, described the whole family network in crisis, with the situation sending ‘ripples right through the entire family’. In comparison, current partners, friends of survivors and work colleagues tended to articulate more generalised changes in the ways they related to members of their friendship group, or indeed the effects on the trust they felt able to offer acquaintances.

Impacts on relationships with partners

Several participants mentioned the potential for strain in their marriages as both partners tried to cope and make decisions in situations that were complex and included intensity of feeling. For Sally and Eric, it seemed that differences in terms of emotional response to the situation presented a challenge; Sally felt very low whilst Eric experienced stress and anger. Sally described this impacting in several ways: first because she felt that some of the shared activities they had enjoyed previously were no longer possible (with a connection between the stress of the situation and her husband experiencing chest pain), and second because there was a mismatch in the way they each needed to communicate about their daughter’s situation:

...[I]t spoils our relationship as well because he doesn’t want to go anywhere, he doesn’t want to do anything, he’s not really that interested in going on the boat anymore ‘cos just pulling the ropes tightens up his chest...we don’t talk about it ‘cos it just makes us sad and angry...I’ll say something to him and I’ll say, “do you not think?” and he’ll say, “don’t go on about it,” and I say, “but, I can’t talk to nobody else, I talk to you and it gets it out of my system” (Sally, Mum)

For Suzie, another parent of a survivor, there was a realisation that her relationship with her husband had been under substantial strain, in part, due to the tension that had resulted from different ideas about how best to help their daughter who was, at the start of the first abusive relationship, still a teenager living in the family home. Suzie did in fact consider separating from her husband during this time, and with him sought support from Relate counselling to help their marriage.

Zakia, who was friend to a survivor, was clear from the outset of the interview that the supporter’s spouse might also be affected by being alongside the friend or family member of the survivor, and that a toll could be taken on the partnership itself. She

went on to describe how this had played out in her own marriage, with heated discussions between herself and her husband, particularly in relation to the survivor's future, and around the possibility of adopting the survivor's child into their family.

Stacey described somewhat different impacts. She had long recognised that there were damaging elements in her own relationship with her husband, but in light of the extent of control she saw in her friend's relationship, had not recognised her own suffering by comparison. Once she comprehended the maltreatment in her own relationship, she ended the marriage. Thus her support to her friend both hindered and then helped her in recognising her husband's behaviours as abusive, challenging him, and then choosing to leave.

Daisy felt that seeing her friend in an abusive relationship could have put her off relationships entirely, but what actually resulted was a determination for equality in her partnership:

Oh, I feel for my poor husband, 'cos I'm just like 50/50 all the way, it's like it has to be 50 chores, and it has to be 50/50 on cooking and going out and seeing friends. And I suppose I'm quite adamant on stuff like that because I suppose I worry about the power balance in relationships. So I suppose, it probably has impacted me more than what I realise (Daisy, Friend)

In addition to existing or pre-existing partnerships, Vicky spoke about the possibility of impact regarding *potential* partnerships; that her general sense of being less trusting towards new people might not only have made her view a previous relationship in a different light, but also had impact on whether or not she pursued future partnerships:

I'm much more wary when I meet people about whether I trust them. My personal side, I haven't been in a relationship for about five years now ...I think if I started a relationship with a stranger as opposed to somebody that I'd got to know over months and years, I would put in a lot of safety-nets around me to make sure that they didn't know where I lived (Vicky, Work colleague)

Impacts on relationships with the survivor's children

Regarding relationships with grandchildren, for Sally, Eric and Barry contact and interaction reduced, either at the perpetrator's insistence, or because of decreased geographical proximity. Two of Barry's grandchildren moved further away to live with their father during the time when their mother was experiencing DVA and, despite being the first person called to look after his daughter's toddler sons following his daughter's attempted suicide, Barry no longer gets to see them.

It was clear when interviewing Sally and Eric that their ex-son-in-law's behaviour in terms of controlling their relationship with their grandchildren was one of the things that pained them most. More than simply isolating the survivor and her children from them, there was a high degree of restriction placed on them when rare contact was 'permitted'. They experienced the sanctions regarding their contact with their eldest grandson as especially harsh because they had looked after him for the first four years of his life whilst their daughter attended college, so had a very close bond with him. Eric broke down in tears as he described the change in his relationship with his grandson and his sense of having failed him:

We're good mates, [my grandson] and me, and I feel as if he's stopped confiding in me, he used to when he was younger. I mean at one point he'd been reprimanded and sent to his bedroom and although I was [abroad], he rung me on his mobile, and I got rather worried because I said, "What's the matter? Where are you?" And he said, "In my bedroom." And I said, "Why are you in your bedroom in the afternoon?" He said, "I've been sent up," to his bedroom. And I said, "What for?" He said, "I don't know." He didn't know what he'd done wrong. He'd been given smacked bottom and sent up to his bedroom. So he felt the only person he could turn to was me, and I couldn't help him, I felt I'd let him down (Eric, Dad)

For Eve, contact with granddaughter Annabel had been maintained during the period that her daughter was in an abusive relationship, and became daily when the relationship ended and her daughter and granddaughter moved into her home. The close bonds that developed have persisted, and Annabel recently asked Eve to discuss with her at length what had happened during that time, a conversation that her Mum preferred not to have, but that she was willing for Eve to have with her granddaughter.

It was not only grandparents who spoke about the impacts on their relationships with the survivor's children, others too mentioned positive, negative and mixed repercussions. For example, Gwen, who as a result of having had reduced contact with her niece for a period of time, described an embracing of the subsequent opportunity to take on a more hands-on role.

Rather than reduced contact, supporting her friend Aamna had actually brought Zakia into a high level of contact with Aamna's baby, looking after her whilst Aamna worked. This was a positive initially, but had a down-side: Zakia became very attached to the child so was hard hit when Aamna moved away and contact was lost.

Impacts on relationships with other family members

Beyond partners and the survivor's children, people described other family members with whom relationships had altered. A few participants mentioned their parents as part of the picture. For Daisy, living at home with her mum and dad, supporting a friend through a physically violent relationship brought tension because her parents found it difficult to deal with the cycle of her friend turning up covered in blood and then returning to the relationship the following day. Daisy had struggled with trying to manage everybody's expectations:

...[M]y parents were then going, "Daisy, what the hell?" and I used to say to her, "If I had a flat you could have a key, babe. It's not about you coming here, but this is now impacting on the rest of my family."...I was under pressure to do something from them and she was completely not at a stage where she was even acknowledging it was bad... I would have the fallout of it, then I'd have the fallout from the parents, the family side of it ... "I wanna be there for you but, I can't, 'cos this isn't my house, and you can't turn up at 3 o'clock in the morning" (Daisy, Friend)

In contrast, for Zakia there was a real integration of the survivor into family life, with Aamna attending family parties and staying in Zakia's parent's home. Richard spoke of enhancement to his relationship with his mother, through an increased thoughtfulness

on his part, brought about by witnessing his partner's struggles to parent her children through adverse circumstances:

Possibly it's made me think a bit more thoughtfully about my relationship with my mother because just seeing the difficulties of a sort of mother-child relationship that Judy is having through force of circumstance, I maybe think back to some of the difficulties I had with my mother and at the time just thought, oh, you know, and maybe looking back on it now I'm a little bit more, I have a different perspective on it... I think I'm a little bit more understanding (Richard, Partner)

In addition to relationships with parents, a few people also spoke about relationships with siblings having altered, predominantly with sisters. Both Emily and Jenna described relationship pressure with their sisters that seemed to result from being blamed or in some way judged for not having done sufficient, in their sister's eyes, to prevent or resolve the situation. Emily and Jenna reported having strong feelings of hostility directed towards them by their sisters, the effects of which persisted many months after the survivor had ended the abusive relationship:

I think it has had an impact on the relationship really now with my older sister. I don't know whether she blames me, but I feel that she blames me, that I didn't protect [my other sister] (Jenna, Sister)

Feeling blamed and judged also featured as the main reason for breakdown in relationships between network members and their in-laws:

I was never great fans of my in-laws, but that kind of broke those relationships, I think that was probably a turning point for me where I ended up saying to [my husband] "I'm never gonna have relationships with your family."...Maybe I was too judgemental, but I found them to be hypocritical and not supportive of me (Suzie, Mum)

Very few people interviewed mentioned the perpetrator's family at all, and those who did had had relatively little contact with them. However, the situation described by Jenna, whose sister had been in a relationship with a member of her family-in-law,

added layers and layers of complexity to Jenna's position, and was incredibly difficult to handle not least because of all the secrecy:

When you think about things like future events say, it sort of occurred to me, and I've had discussions with my husband, you know, "What happens when [one of your relatives] dies?...would [the perpetrator] come to the funeral? How do we react to that?"...it's had much wider implications and there are other members of the family who don't know why this has happened, because they know that there's been a rift, but they don't know why so it's all this secrecy and destruction because of one bloke's actions...you just feel like you're pig in the middle (Jenna, Sister)

Impacts on relationships with friends, neighbours, colleagues & acquaintances

Some participants described non-familial relationships that had been irreversibly changed as a result of having supported a survivor, whilst others described something more nebulous, in relation to changes in the way they related with *everyone*.

Having supported his partner in the aftermath of an abusive marriage, Ben felt that in discussions with friends it was important to take an active stance around issues of abuse, and he chose to challenge those he volunteered alongside regarding a collective decision to endorse a known perpetrator of child abuse; the outcome was such that Ben felt he had to walk away from his colleagues:

I used to work as a volunteer and I said to everyone, "We shouldn't [endorse this perpetrator]" and a kind of long argument ensued, and I left because they didn't agree with what I thought, or it was more like I kind of thought, "I don't wanna be part of an organisation that doesn't take that seriously enough"...people who I thought were decent people. I'm sure they are, but I just felt that it wasn't being taken seriously enough (Ben, Partner)

For Jenna there was a realisation that seeking support from friends with whom she and her sister Cerys both had a relationship, might not be that helpful:

There was a friend who I'd told, it was a mutual friend, and I'd said to him I was very concerned that my sister was going out with [the perpetrator], and sort of asked him to pray for her and then I said, "I assume that she's told you," and he said,

"No, she hasn't told me why they split up." ...he actually said, "I don't want to know." And that was quite hard, in a sense because I felt, here's somebody that I actually want to offload to, and I need to offload to, but he doesn't want to know, because my sister hadn't told him, and because he didn't really want to know... basically it has to be friends of mine rather than mutual friends that I've had to talk to (Jenna, Sister)

With Vicky, the context for the support she provided to Polly was the work environment, and this led to some very particular complications with relationships between staff. Within the team, a small group formed, including Vicky, and together they problem-solved, shared their frustration at the situation, and ultimately their grief. Their manager however was unsympathetic towards Polly and this created huge animosity between Vicky and her boss:

I'm very angry with the old manager...She's gone now, thank God. The relationship between her and I broke down a long time ago and this was one of the fundamental issues (Vicky, Work colleague)

In contrast, a few people described relationships with neighbours or friends that had not only weathered the situation, but either by displays of altruism, empathy or a non-judgemental attitude on the part of their friends, the relationship had in fact been enhanced:

We've got a really good neighbour, and he actually came and slept on our settee that night [when the threats were made]... he was great, and again non-judgemental and everything. So was everybody else, 'cos when they stole my mum's car, our neighbour's car window was smashed in and I said, you know, "I'm just so sorry, can we pay for it?" And she said, "No, no it's fine; don't worry about it."...things like that were good (Suzie, Mum)

Where the survivor and her friend or work colleague were part of a bigger friendship group/work team, it was possible for the friend or colleague to take a proactive role to increase everybody's awareness, and this had the potential to result in an increased shared social cohesion:

I think I made them aware as well, I just said, "Well no, if that

was myself, or if that was you, if you were going through something like that, would you really want me to walk away from it?" And turning it on its head and actually saying, "No, if this was you instead of someone else, if you were going through it, would you want us, would you want me to leave?"...so I think doing that, a lot of people thought, "Oh God, I never even thought of it that way and, no, I wouldn't want you to do that." (Audrey, Friend)

Conversely, Kate mentioned her discomfort at knowing about her friend's abusive relationship while others in her friendship group were completely unaware, and spoke of this as the '*sinister backdrop*' to their nights out.

Besides relationships with specific individuals, participants also described a more general sense in which there were changes to the way they related to others. For Suzie, this was connected with feeling any sense of judgement from people:

People are very judgemental, and so if anybody was judgemental, not in a constructive way, then I would just, well I just wouldn't bother with that person. (Suzie, Mum)

A few of the participants described a wariness that had resulted with regards to male acquaintances generally. For Mark, there was a sense of increased antennae for behaviours in males that seemed potentially abusive. Others described something similar, a change in their perceptions and a level of suspicion that resulted in a questioning and watchful response to the men around them:

Not so much my relationships with other people, but my perception of others is, I'm a little less trusting of men. Not less trusting: I'm a bit more mindful when I am in contact with males. I work with a lot of males, or perhaps friends' husbands, there's a little bit of me that thinks, "I wonder." No reason to think it, you start to look at people a little bit differently, in not a good way (Louise, Friend)

I think that you get quite defensive and quite opinionated against men, I suppose, probably fallout to that. So if I get introduced to a friend's new partner, I'm very much like, "Hmm who is he, and what's he doing there?" and like poking and asking certain questions to see if I get certain responses. So I suppose I am distrustful of new men in my friends' or family's life (Daisy, Friend)

Theme 4 – Summary

The degree of impact on relationships between the network member and the survivor or others was large, not only in terms of pervasiveness, with some participants describing a multitude of relationship repercussions, but also in terms of magnitude. For those around the survivor there seemed to be different relationship impacts during the different stages of their understanding about the abusive relationship; before they knew and understood what was happening they were often bewildered, but once they had greater comprehension, there was an opportunity to increase support and begin to rebuild relationships. While the negative impacts were substantial, the positive impacts on relationships should not be ignored, particularly for those who had DVA as part of their own history or for those who felt they gained through an opportunity to offer altruism. These participants spoke about the meeting of their own needs through supporting others, the depth of rapport that resulted in their relationship with the survivor, and the validation and privilege they felt as they journeyed alongside her. With regards to their relationships with *others* beyond the survivor, expectations, differences of opinion, blaming and judgment seemed to feature as mechanisms for relationship distancing or breakdown.

Theme 5 - Practical impacts

The final theme that emerged from the interviews in terms of impact on friends and family members was the distinctly practical repercussion that participants described. I was in two minds about whether these effects on everyday life were indeed *impacts on wellbeing*, but they were described by participants in a way that interwove them with the other impacts previously mentioned, such that they formed a crucial part of the picture. As you would expect, when talking about supporting a loved one through *any* difficult situation, participants mentioned numerous ways in which they provided emotional and tangible support. The subthemes described below, however, particularly focus on practical impacts that are distinctive to situations where network members are supporting someone who is a DVA survivor.

Childcare

Where the survivor had children, participants often described the childcare they undertook. Family members in particular mentioned an increased level of interaction with the children following the end of the abusive relationship, which seemed to result from their recognition of the pressure on the survivor regarding greater parenting load. For some family members this contrasted with times during the abusive relationship when they had seen much less of the survivor's child/children.

Eric and Sally expressed a strong desire to help their daughter more with caring for their grandchildren, especially during school holidays. Likewise Gwen talked about helping her sister with raising her niece:

I think because her daughter doesn't see her father, I think now I feel like I play a second parent role to her daughter. So I feel responsible for helping my sister bring her up, and I want to be able to do stuff with her so rather than my sister go places with her daughter by herself, I'm like, "I'll go." (Gwen, Sister)

For Barry it was more of an urgent provision of short-term childcare that was instigated by the police when his daughter had taken an overdose:

It's a long time since I've dealt with babies, to be honest, like 40 years or more... and the reason they wanted us over, because the CYPs people couldn't find anywhere at three o'clock in the morning, which I suppose is not that surprising...so we sort of held the fort (Barry, Dad)

Suzie spoke of providing quite a bit of childcare for her granddaughters over a number of years, though felt that her daughter would have probably liked more. As a result, she and her husband had put boundaries in place to make sure they had some protected time themselves:

...[S]o we chose the times when we would do the childcare and a lot of that was horrendous in terms of going all over the place to pick the children up, and still the chaos around, "Well where's all their stuff?" and not being at the right place at the right time, phoning at the last minute, all that sort of stuff (Suzie, Mum)

Friends to a survivor, Daisy and Zakia, also mentioned the provision of childcare. As Godmother to Jane's children, Daisy described her very active intervention to remove the children from potentially risky situations whilst Jane was in the abusive relationship:

She would phone me and just say, "Pick up the kids," and I'd pick up the kids and just go, "Come on then, mum and dad are having a row, let's just go swimming."...so I suppose I just helped. But she said that she felt that that was what she needed at the time. She said, "I needed to put the kids on the doorstep so that they didn't see it, and you picked them up and made it alright." (Daisy, Friend)

For Zakia, supporting her friend Aamna included helping to look after her baby daughter alongside other members of the community. She was very willing to give this support but it did take up a lot of her time.

Mark, Richard and Eve, also mentioned impacts of providing childcare, though less in relation to the children themselves, and much more concerning the knock-on effects of supporting the survivor with child access handovers and resulting conflict with perpetrators (discussed in the direct perpetrator impact theme).

Accommodation, hospitality & moving

Providing accommodation & hospitality

Whether on a temporary basis or longer-term, several participants mentioned the provision of accommodation or hospitality to survivors. At the more intermittent end of the scale, Daisy's friend Janet would be brought by the police, after violent altercations with her partner, to the house where Daisy lived with her parents. Daisy would wash the blood off her and Janet would stay the night. Gwen, likewise talked about hosting her sister sporadically, and mentioned that Helen had gone to live longer-term with their parents as a result of the on-going impacts of the financial abuse she had suffered.

Over a more sustained period, Suzie, Zakia and Jenna had offered survivors accommodation for several weeks or months. For Suzie, this was tricky both logistically, and because her daughter's behaviour was extremely challenging at the time. Suzie spoke of the impossibility of the situation, of trying to balance the needs of her younger

children with those of the survivor. Jenna, too, found accommodating her sister and niece tricky due to space limitations:

She lived with us for a while, a few months... it was OK, but it got quite wearing at the end, because she quite evidently needed her own space and she and her daughter found it difficult living on top of us, sort of thing... it just meant that my kids had to share a room for a while and her and her daughter slept in the room together (Jenna, Sister)

In a rather different scenario, Kate mentioned the dilemmas she had faced with regards to accommodating friend Norma, and described her reticence to do so:

I was living in a shared house myself, but I didn't especially want to bring all that down on me and my housemates either, because I'm pretty sure that if she had moved out he would have followed in some way... (Kate, Friend)

Not all friends and relatives talked about the encumbrance of hosting a survivor; for Zakia, having her friend Aamna in her home turned out to be a pleasure - so much so, that Aamna and her baby continued to come and stay at weekends even after they had secured alternative accommodation. Likewise Eve spoke about providing accommodation for her daughter and granddaughter over a two year period, following the end of the abusive relationship, which she and her husband had rather enjoyed, although Eve was sure that it had, at least in part, been workable by having sufficient space for everyone:

We're lucky we've got a reasonably large house, so she could have friends back. And we used to go out some evenings, so she could just have friends in and lead a fairly normal life... we had a lot of time together but we had enough time to be apart, and in that we are much luckier than an awful lot of people going through these sort of [situations] 'cos it must be awful if you're in a really cooped up situation (Eve, Mum)

On a very positive note, and regarding hospitality rather than accommodation, Ruth talked about her delight that colleague Rachel had felt comfortable enough to let Ruth and her husband entertain her for her birthday. For Ruth this was an indication of just how far Rachel had come in learning to trust again:

The pinnacle, for me, was the time it was her birthday, and I said, "Come out and have a meal with us, myself and my husband." Now she hated men, to be in the company of men, but she felt secure enough to be able to do that. So it was fantastic that she would agree to eat. It was fantastic that she would agree to come out to the home. She came out for lunch; we went for a walk, the three of us together, my husband as well (Ruth, Work colleague)

Helping the survivor to move or set up home

Some participants mentioned helping the survivor to move house and set up a new home after the end of the relationship. For Jenna this meant moving her sister immediately after moving herself:

We moved house and the following day I went down to where she was living, which is [a great distance] from where I'm living, packed up her house, because she just went to hospital and never went back to the house... we moved and I unpacked 150 boxes that night, moved and unpacked, travelled down, and then packed up her house, and my husband drove down in a van, packed up all her stuff and moved it into our garage, so basically moved two houses, one from total scratch, in three days (Jenna, Sister)

Others spoke of clearing out properties with, or on behalf of, the survivor so that the property would be ready for sale or so rental deposits would be returned. For Ben, being part of this process raised his anger towards the perpetrator, whilst Suzie talked about trying to regain some sense of control, within the chaotic lifestyle her daughter was living, by sorting Anna's flat out:

...[T]hat was the house that they had lived in, and his stuff was in there...I got really angry about that as well because we were cleaning the house to vacate it finally so that it could be sold, and he'd just left his stuff everywhere, like he'd been living in it for that whole year and not done anything, it was just a complete tip. His stuff was everywhere, and he was supposed to have moved out already (Ben, Partner)

We ended up, me, my mother and [my husband], trying to, I don't know what we were trying to do, but we cleared her whole flat, because it was, I just can't describe what it was like. And I don't even know why we did that... I think, for us, it was

*probably just gaining some sense of control or trying to help her
(Suzie, Mum)*

Barry's daughter Penny was unable to return to her own home following time in hospital because the perpetrator had got temporary custody of their children and thus the house, so Barry undertook what he described as the '*things dads have to do*' by helping Penny purchase and transport second-hand furniture to set up a new home.

Louise mentioned the planning aspect of thinking ahead to when her friend Beth was ready to leave the perpetrator and move out. She had thought through the practicalities of hiring a van, going to the house and literally moving Beth, and she had offered on multiple occasions to fill up her car with belongings the perpetrator would not miss, in advance of the final move. For Louise, the stress was not in the planning or the doing, but in the waiting.

Moving house

More than simply providing accommodation or helping the survivor to move house, a few participants spoke about actually having to move house themselves. For Sally and Eric this was a huge upheaval, to return from their retirement abroad in order to be nearer to their daughter. They had worries about what they would be able to afford in the UK, but felt strongly that they *needed* to move back in order to support Amanda practically, and felt that the move would allay fears about their inability to protect their daughter and grandchildren from such a distance:

We'll come back to England to be here to help her out... the value of houses has gone down and we've been looking at houses here and there's nothing for what we've got, I mean we'll only have about ninety thousand when we're sold and there's nothing much to have here. We used to do home-help and I used to see these old people who were living in just one room and I used to think this must never happen to me, and I've got this fear of it happening (Sally, Mum)

I feel I need to be nearer now and near to the grandchildren, to protect them...now we've started talking about moving over here, I think I'm slightly better, I feel better about this...(Eric, Dad)

Suzie and Mark also mentioned moving, though for both it was about attempting to change the environment for the survivor. Mark and wife Nicky had tried to make changes to the home where Nicky had lived previously with the perpetrator by changing the landline number and decorating the house, but had eventually felt that they wanted to start afresh:

There were other things that we did, such as decorating, just trying to make her feel that it's not the place that they shared together, it's a new place... but at the end of the day are you really just painting over the cracks? I think there were a lot of ghosts in that house that she wanted rid of. The next step was to move which we did, so then set up our home together, both the children, there's no ghosts, there's us just building (Mark, Husband)

Suzie's move was more about removing her teenage daughter from the area where they had previously lived to change the environment, and move Anna further from the perpetrator and from her drug-related lifestyle.

Jenna specifically mentioned moving house for safety reasons, though this was much more about calming her sister's fears, than about any worries of her own:

...[S]he didn't want us to stay where we were because she was very frightened that he would come and get us... We moved into rented accommodation that was provided by my husband's employer but that meant, because we couldn't sell our house, we were then having to pay mortgage and rent, and it took eight months to sell the house, so that put us into an awful lot of debt, but for her peace of mind we couldn't stay there (Jenna, Sister)

Finance

In addition to the perpetrator stealing (as previously mentioned), network members also referred to other financial effects related to the abusive situation. In particular, several people spoke about trying to help the survivor out when they knew finances were a struggle. Sally described supporting her daughter and grandchildren by delivering a food shop when she knew money was tight, and Zakia paid for Aamna's shopping when they went out together. Stacey offered to pay for Hannah to come over to the UK to have a break from her situation and Vicky instigated a whip-round in the office when

Polly turned up at work having had almost all of her clothes destroyed by the perpetrator:

...[S]he only had the clothes that she was standing up in... She was on minimum wage, she didn't have much cash. It was one of those moments, and there were four of us in our team, so I went round to each of them and said, "Give me a fiver, give me whatever you've got in your wallet, Polly and I have to go and buy clothes, she can't keep wearing these clothes every day. There's a problem." So we got 50 quid between us, and Polly and I went to [a shop], which was next door to our office (Vicky, Work colleague)

Suzie supported her daughter by 'bailing her out financially', though quickly realised that any cash given was going towards drugs, so found alternative ways of helping, such as paying Anna's rent, going food shopping with her and buying her granddaughter nappies. Eric and Gwen also spoke of the desire they had to help their relative out of the financial ruin that had resulted from the abusive relationship, and expressed their frustration at not being able to do more to help:

I need to sort things out for her; he's left her with a debt of £60,000 round her neck. It's not possible that we can help her with that. We gave her as much as we possibly could. We've still got the 10,000 outstanding, we've given her money for solicitors, but we're on a pension (Eric, Dad)

Several people mentioned *treating* the children when they knew the survivor might not be able to afford to. For Daisy, this meant choosing to pay for Jane's children to go swimming when she took them out for the day, and for Josie and Eve it involved small purchases for Dee's son and Sophie's daughter.

In addition, Mark alluded to the on-going financial impact of solicitors' fees, especially when their first solicitor had turned out to be rather unprincipled and had treated them as a 'cash cow':

It's meant that we can't do things now because so much money is being spent elsewhere (Mark, Husband)

Disruption to everyday life

Several participants spoke about practical consequences of DVA that interrupted their lives resulting in changes of plan, of needing to be endlessly flexible, and of balancing the competing priorities in their lives with a desire to support the survivor. The overall effect of these repercussions was disruption to routine and daily living.

Suzie gave an example of having to make sudden adjustments to plans: she and her husband had had to return early from holiday to try to support their family following a physical assault on her eldest daughter, which her younger daughter had witnessed. Participants also described work commitments as something that had been affected. For many, whilst still being able to go to work, there was an underlying preoccupation about the abusive situation that was difficult to switch off from, which impacted on concentration, efficiency and communication with colleagues:

*At what point can I continually dodge work to deal with this?
There's going to come a point where I'm spending half the day
trying to sort this out, or there actually have been: I've just
been fortunate enough that I haven't been caught out yet
(Mark, Husband)*

Likewise for Emily, her capacity to work had been affected for a period of time, alongside struggles to function in other ways. The level of anxiety and panic she felt about the risk to her daughter's life was such that she had had to take time off:

*I couldn't go to work, I had to take weeks off work, 'cos I
couldn't focus, I couldn't go to work, I was just beside myself...I
couldn't function really, I couldn't eat, I couldn't sleep, I
couldn't go to work, I couldn't do all the things I usually do
(Emily, Mum)*

For Ruth and Vicky, as work colleagues to a survivor, the impact on their work situation was very direct. Vicky described facets of her work life which were exceptional, but that had become usual because of the situation. Examples Vicky gave included: routinely alerting the police when Polly did not arrive for work, giving her lifts to and from work, interceding between Polly and her line-manager, working with Polly to put systems in place to prevent her from being fired, and helping Polly to try to remain away from the perpetrator. Ruth was a step removed because she did not work directly with Rachel,

but nevertheless had dealt with some quite unusual situations as part of her support to Rachel. These included intense in-depth e-mail conversations about the abuse and its effects, disclosing the abuse on Rachel's behalf, and fabricating an explanation for her presence at a meeting so that Rachel did not have to be alone with two male colleagues:

There was one time, because she just hated being alone with men, her role meant that she had to attend a meeting that had two [managers], both male, both rather jokey, blokey types, I mean really nice guys, but she felt a bit intimidated by them. She was getting really het-up about this meeting, so I managed to fabricate some stupid... I think I said, "Oh as part of my developmental needs, I need to sit in on a meeting where you talk to her in this role." So I went to the two guys and said, "Would it be OK if I come into that meeting as an observer?"
(Ruth, Work colleague)

Most participants spoke of taking an approach where the survivor knew their willingness to provide support, but waited for the survivor's instigation. A few participants however, mentioned an almost planned state of availability, a chosen enhanced flexibility in order to be able to respond to any needs the survivor might have which required a quick response. For Emily, this was about being able to get straight in the car and pick up her daughter if she was in trouble, and Audrey mentioned putting plans on hold so that she could be by the phone in case the perpetrator stranded her friend Jillian:

...[I]t would always be having to be near the phone and taking that phone call whenever, and unfortunately when he'd kicked her out another time, I'd actually had a drink that night, so I couldn't go get her. So I was, "Get in a taxi, I will then get in the taxi with you to go to the cashpoint and get some money with you and stuff." So that was all theoretical; it was just being by the phone and putting some of my nights on hold
(Audrey, Friend)

Louise had decided to talk to her boss in advance so that she could leave work at a moment's notice if her friend needed 'extricating' from her situation:

I've mentioned it to my line manager while she was still living with him, I wanted my line manager to know that...if I literally just get up from a meeting and go, it means this is what it's all about
(Louise, Friend)

In addition, regarding the disruption to daily life, several participants made the point that the abusive situations were not happening in a vacuum, that they themselves were often facing complex life situations in addition to that of the survivor, such as bereavement, work pressures, caring responsibilities, ill-health and, for some, their own abusive relationships and subsequent recovery. This reduced the potential for physical and emotional availability to the survivor, and placed people in a position of dilemma:

..[I]t's this idea of petrol in your car, like I'm not gonna contact her when I'm running low on petrol, because I need to prioritise my health and my children's health and wellbeing and everything. But I'm envisioning, I've got two [work] deadlines, and I'm envisioning that I will have a bit more petrol in my tank, and I'm then ready to hear whatever she might need to say to me (Stacey, Friend)

Interactions with formal agencies

Part of what friends and family members described as practical impact were interactions they had with formal services in support of the survivor. Many of the survivors had been involved in (or were still involved in) legal proceedings and participants explained the knock-on consequences of this for them. For Barry this meant being available in a cafe round the corner from the court in case he was summoned to give evidence, whilst for Heather it meant offering to support her friend through the judicial system. Eve had had to make a report for her daughter's solicitor; whilst Mark and Richard spoke in detail about the relentless nature of the court proceedings they were supporting their partners through:

...[W]e prepare for this next hearing, we get some resolution, then you get another one a few months down the line. And the whole time this is stressful, you're having to prepare submissions and things and think about the way you can argue your case... My involvement is spending a lot of time with Judy, helping her deal with stuff from solicitors, putting her case, helping her write things, maybe suggesting things to her or helping her to frame it in a different way (Richard, Partner)

Many participants had come into contact with the police, or had even had to call the police themselves, and there were mixed responses to those experiences. Vicky had found, that rather than being central to the investigative process, that she was very

much on the outer edge, in the aftermath of her colleague's death. She spoke of her immense frustration as she pursued giving a statement to the police which they seemed apathetic about taking, despite her having witnessed injuries and having heard directly from Polly what had been happening in her relationship; her overall sense was that she had had to '*force herself on the judicial system*'. Louise likewise spoke of complexity in dealing with the police because there did not seem to be an option for them to provide advice and log concern without initiating their duty to investigate:

I'd made calls, sort of doing an anonymous recce on the situation, you know, "If my friend is in this situation, if we needed to do this, that and the other, what would we do? How would we do it etc.?"... "Can we get the house sort of flagged so that if you get a call from this house you go like lightning, a little bit quicker than you might go somewhere else? And these are the circumstances." And what I was being told, and rightly enough, I understand it, they were saying, "If you are raising that concern with us now we have a duty to investigate right now. OK she may be planning to leave on the Sunday, but it's now Friday, if you are telling us this is the situation, we have to go there now." So things couldn't be structured time-wise to be more suited to my friend (Louise, Friend)

Some friends and family members had interacted with DVA specialist organisations, seeking out help to support the survivor and investigating refuge options. Others described proactively interacting with other organisations on behalf of the survivor: Zakia had helped Aamna sort out a visa, a passport and a bank account, Daisy went with Jane to get advice from a debt advisor, Suzie tried to rescue the situation with Anna's landlord when the perpetrator broke in, Vicky contacted Polly's dentist to work out staged payment for replacing the teeth she had lost, and Ruth both contacted Rachel's general practice to express concerns and attended hospital appointments with her. Emily described contact with a myriad of agencies because of her daughter's situation, and talked about how horrible she found this:

We spent so much time, at the hospital, 'cos she had to go to the hospital and be examined, checked-out, so we spent so much time at the police station, hospitals, social workers came into the house, it was not normal day-to-day life, it was just constant sort of appointments and it's really unpleasant, really unpleasant (Emily, Mum)

Others had contacted social services regarding the safety of the survivor or her children. Sally had been really disappointed with the response she received; she was told that they could not act upon the information about the perpetrator's behaviour towards her grandson unless he himself reported it. For Suzie, whilst the family therapy and counselling that social services provided were helpful, the advice they gave about keeping her daughter safe was less so. In addition, Gwen mentioned contacting the Home Office to find out how to keep her sister and niece safe while abroad in the perpetrator's home country, and to have a plan in case the perpetrator prevented them from returning home.

Providing a buffer between the survivor and others

A few participants mentioned part of their role that put them between the survivor and others. This could be a positive or negative experience if the person was the perpetrator, and complex, in terms of relationship impacts for the network member, if it was another individual.

Eric and Barry both spoke about wanting to defend their daughters from the perpetrator, and Barry had had opportunity to do this by physically restraining the perpetrator when he had caused further distress to Penny during her hospital stay:

I suddenly heard voices shouting, and then a couple of the nurses rushed in there. She rushed out and tried to get out the door, and of course it's locked on those places, you can't get out. And they pinned her down. And he came out and he was sort of standing there. I grabbed his arm and twisted it up behind his back and said, "Look, you bastard, that's what you're doing."...It made me feel a bit better to have at least done something, you know (Barry, Dad)

Similarly Eve intervened to defend her daughter and granddaughter when the perpetrator was threatening violence, and Mark had tried to give his wife respite by taking on the child handovers.

This shielding by friends and relatives was not just about physical protection from the perpetrator; Emily and Daisy described occupying a position between the survivor and her extended family:

She didn't want to face the rest of the family, so I had to kind of protect her, which I was happy to do, but then I really got it all then, because she didn't want to face anyone, she didn't want to see anybody, she didn't want to see grandparents, aunties, uncles, she didn't want to speak to them... she just didn't want to maybe face up to it, which, you know, she was sixteen so I had to, deal with them... (Emily, Mum)

And Ruth talked about disclosing the abuse Rachel had suffered, at her request and in her absence, to Rachel's small team of work colleagues:

...[S]he emailed me on one occasion and said, "I want the rest of my very small team to know. I don't want the managers to know." And she was particularly keen that the men in the [office] shouldn't know, but she wanted the small team of staff, the other women, to know. And she asked me to tell them. And so there was a time when I got all the girls together and I told them her story. And all the tissues came out... (Ruth, Work colleague)

While Gwen and Audrey talked about something slightly different - their role in educating other network members so that they were better able to understand and respond appropriately to the survivor:

I think I helped other people cope actually, by, sharing what I knew. So particularly like when speaking to my mum and dad, they knew nothing about domestic violence really and, sort of, how it would impact people directly, I think. So I think it was useful for me to be able to help them cope, by explaining why my sister was doing things, and how we could best support her (Gwen, Sister)

Trying to keep the survivor safe

The final impact that friends and family spoke about was connected with the role they took in proactively staying in touch with the survivor and trying to ensure her safety. These contacts and safety mechanisms enacted by participants were sometimes time-consuming, and certainly required substantial thought, creativity and careful planning, with a few participants alluding to the need to be thick-skinned in order to maintain the relationship. Participants described the following actions: lying about their reason for visiting the area so that they could drop in, persisting in their relationship with the

survivor in spite of difficulties, visiting her in her workplace, continuing to ring or e-mail despite being rebuffed on numerous occasions, self-censoring in communications with the perpetrator so that he would not prevent contact with the survivor, and using stealth techniques to maintain communication:

When she'd go back she'd like be in the bedroom, and she'd be on the phone to me, and we'd just be on the phone all night, like me just making sure she was OK, and we wouldn't be saying anything, but we'd just be whispering on the phone (Gwen, Sister)

I actually joined Facebook, which I kind of loathed up until that point, just to make sure that, because she's quite active on Facebook, just to see that she's on there, that she's liking something, or saying something, so that I know she's OK (Louise, Friend)

Theme 5 – Summary

The practical impacts on network members varied; some bore a great deal and gave a lot of time, energy and resources to supporting the survivor. This was particularly true of family members and partners, but was also the case for friends and colleagues in scenarios where the survivor could not rely on support from her family. The practical repercussions described were diverse in terms of enormity, frequency and longevity, and were not necessarily experienced as negative. For example some people welcomed the opportunity to have more contact with the survivor, and any children she had, by hosting her. Having sufficient resources, either tangible or emotional, appeared to influence how the practical impact *felt* for the network member. In addition, there seemed to be a relational quality that operated in both directions, with the practical impacting on wellbeing, and wellbeing impacting on the practical; for example some participants described their practical safety checking behaviour as something that was motivated by their anxiety about the survivor's situation, whilst others mentioned their increased stress as a result of having had to move house.

6.4 Chapter Summary

In this chapter I have described the response to recruitment, the sample characteristics, and the findings from the analysis of the qualitative interviews I conducted. From the analysis five key themes regarding impact were generated: psychological & emotional impacts, physical health impacts, direct perpetrator impacts, relationship impacts and practical impacts. It was clear that a great deal of impact was being absorbed by friends, family members, current partners and work colleagues of survivors, and that the toll was multifaceted and at times onerous.

In the chapter that follows, I will draw together these findings with those from the systematic literature review, highlighting meta-themes that emerged from the different sources of evidence.

Chapter 7: Discussion

7.1 Introduction

In this thesis I have used a systematic review and a qualitative study to explore the impact of DVA on the health and wellbeing of members of the survivor's social network. This final chapter considers the key findings from both pieces of research, drawing them together to highlight meta-themes. In addition, this chapter highlights some of the research challenges, offers reflections on the processes undertaken, considers strengths and limitations of the research, and makes recommendations for policy, practice and future research.

7.2 Summary of key findings

Much discussion has already taken place in Chapters 4 and 6 as the findings of the systematic literature review and the qualitative interviews were presented. Thus, I will provide here only a brief summary, in order to allow sufficient space for consideration of some of the meta-themes.

In both the review and the interviews, psychological and emotional effects emerged as the primary impact on the wellbeing of members of the survivor's network. Within this one theme, there was a spectrum of experience in terms of severity of impact and longevity, with friends and relatives not only describing different impacts from one another, but also different impacts at different stages during their individual journeys. Impacts related to trauma, such as shock and fear often resulted from witnessing events first-hand or from initial survivor disclosure, whereas impacts such as powerlessness, anxiety, loss, low mood, frustration, guilt and self-blame, tended to develop over time and potentially persisted, particularly if the survivor remained in the abusive relationship or there were on-going consequences (continued abuse, child access issues or caring responsibilities following the murder of the DVA survivor). These longer term impacts were akin to those that might be expected in people offering informal support to loved ones in complex situations such as those battling with substance abuse or an eating disorder.⁽²³³⁾ However for DVA the source of harm is another person, which adds

a further dimension of complexity to the experience. With regards to trauma-related impacts, what friends and relatives reported was consistent with symptoms of post-traumatic stress disorder (PTSD) or acute stress disorder (ASD),^(222, 223) caused either by direct exposure to abusive events, or by hearing distressing information about incidents.

In addition, friends and family members described physical health impacts, and again there was a range of experience from general physical unease, where people described feeling sick or churned up inside, through to experiencing tight-chestedness. Lower level symptoms such as sleep loss and appetite loss appeared to be connected with anxieties about the situation and tended to be transient, whereas more persistent physical symptoms such as back and neck tension, migraines, shortness of breath and tight-chestedness, were viewed by network members as having resulted from the overall stress of supporting the survivor. In the particular scenario where DVA was fatal, relatives taking on caregiver roles were at risk of physical ill-health. This could occur as a consequence of cumulative stress, potential PTSD, and of not prioritising their own healthcare due to time and financial constraints resulting from unexpectedly having to care for traumatised children whilst they themselves grieved.^(209, 210)

The behaviour of the perpetrator, and members of *his* network, also had direct impact on the survivor's social network. Much of what participants described looked familiar in terms of behaviours that we know perpetrators frequently use against survivors, particularly with regards to gaining power and control.^(2, 45) Contact, in itself, could be fraught with difficulties; with friends and relatives sometimes avoiding being around the perpetrator, either because they felt discomfort themselves about being in his presence or because the tension they felt between treading carefully, for the survivor's sake, and the desire to confront the perpetrator was too great. At the opposite end of the scale, network members were at risk of direct physical violence, injury and even death, either in the context of the handover of children, or in the scenario of intimate partner femicide if they were in the vicinity when the perpetrator killed the victim. In addition, they experienced threats against them, to harm them or to kill them, stalking, harassment, intimidation, having property stolen or damaged, having finances stolen and manipulation. Mostly these behaviours were carried out by the perpetrator himself, but sometimes members of his network were also involved. Certainly these behaviours

impacted on the wellbeing of friends and relatives, with a degree of fear, anger and anxiety resulting, even when physical injuries were not sustained. Some friends chose to retreat, removing themselves from possible threat temporarily or permanently but, for most people, being exposed themselves to the perpetrator's direct attempts to exert power and control added further illumination to the situation and, if anything, made them more willing to be involved in some way.

All network members described a degree of impact on their relationship with the survivor. For some, the relationship changes had begun before they had become aware that the survivor's relationship was abusive, and they had experienced a sense of bewilderment as the survivor behaved towards them in a way that they considered unusual and sometimes hurtful. Once aware of the DVA, there were ongoing challenges for the relationship, especially when well-intended support was seemingly rejected or ignored. Feeling powerless to protect, and having a sense of hopelessness and frustration had the potential to result, in some cases, in friends and family members blaming the survivor, rather than the perpetrator, for the continuance of the situation. It was particularly the level of contact, and the manner of communications between the survivor and their friend, partner, relative or colleague, that changed most, with some impacts on the relationship enduring and occasionally the relationship terminating completely. In this scenario, feelings of guilt could be extremely potent.

On top of the impacts that participants described in the relationship between themselves and the survivor, a large number of people mentioned others in their own social network with whom relationships had changed or altered. Sometimes, it was the strain of the circumstances at the time of the abuse that caused rifts, arguments, blaming and even breakdowns of specific relationships, but for others there was a more general shift in their confidence in trusting and relating to others, particularly in relating to men.

The practical impacts experienced by network members were spoken about a great deal, and there seemed to be a relational quality operating, with the practical impacting on wellbeing, and wellbeing impacting on the practical. Key practical impacts mentioned were the provision of childcare, providing accommodation, helping the survivor to move home, having to move home themselves, providing financial support,

impact on work, dealing with formal agencies and organisations, and a general interruption to daily living. This general interruption was sometimes in the aftermath of abusive behaviours, where network members described an immediate need to respond, for example by returning home from holiday or by helping the survivor buy clothes after hers had been destroyed. Equally, the disruption could be over a period of time with friends and relatives needing to be endlessly flexible and available in order to support the survivor, or even longer-term, causing significant alteration or abandonment of plans. Whilst for some, the practical repercussions had a minimal element of choice attached, it was clear that for others, the active choice to help the survivor in practical ways was a means by which they tried to gain a sense of control within the situation.

All that is described above presents an arguably negative collection of impacts, and it is important to highlight the beneficial impacts that were identified regarding the experience of journeying alongside a survivor. For some, who were survivors of DVA themselves, this was about an increased sense of agency and a validation of the progress they had made, in addition to a very powerful sense of reciprocity, mutual support and understanding, which led to growth and depth of relationship between fellow-survivors; this links with the underpinning concepts upon which early refuges were based,^(2, 245) and with the idea of reciprocal gains from altruism born of suffering.⁽⁸⁴⁾ For those who had not experienced abuse, offering support to a survivor (or her children) could lead to an acknowledgment of inner strength, and occasionally friends and colleagues spoke about the privilege and the self-validation gains of being able to actively offer assistance.

7.3 Meta-themes

Woven through the main findings, were common threads that surfaced and resurfaced, warranting further attention. Four of these will be explored below.

Coercive control

The first thread was coercive control^(2, 45) which Stark, in his book on the subject, highlights as not only being used directly towards survivors, but also indirectly *via* their friends and family in order to increase the perpetrator's control over the survivor, most

often by promoting a distancing between the survivor and members of her social network. Tactics used in this way were not uncommon in descriptions from the literature review or the interviews (as explained in Chapters 4 and 6), with perpetrators: lying about the survivor to her friends in order to achieve her compliance, contacting survivors' colleagues at work to discredit the survivor, making threats to harm network members, and accusing parents of survivors of '*interfering*' in situations involving child-rearing. Some of what was described however went to another level, which was beyond further controlling the survivor *via* her friends and family, to controlling *them* directly, almost as an extension of her. Some of this related to physical violence, such as the direct and threatened aggression that people experienced, but there was also a less overt sense of menace that people picked up on, an '*aura*' or a perception that the perpetrator was dangerous and that they themselves were at risk of harm. This was expressed by females, where sometimes there were sexualised undertones, and by new partners. Authoritarian, dictatorial behaviour was often experienced, particularly when the survivor had children, with the perpetrator making rules about contact which resulted in punishments if not adhered to. Even if not explicitly stated, people implicitly understood that non-adherence to perpetrators' demands or prohibitions would result in negative consequences.

Perhaps, in the same way that abuse of children in a household where there is DVA is more likely,⁽²⁸²⁾ the perpetrator may view others closely related to the survivor in the same way: that by exerting his control over them as well, his sense of power over the situation is heightened. In addition, it was clear from descriptions in the review and the interviews, that just as perpetrators endeavour to continue exerting control over survivors post-separation, the same was true for relatives and partners. The threats, intimidation, harassment, stealing, damage to property, and physical violence could start, continue or escalate once the survivor had left the relationship.

Mediators of impact

The second thread that I want to draw out is the possibility of impact being mediated. We know that resilience against the impact of negative events and stressors varies at the individual level, and across time and circumstance,⁽¹¹⁴⁾ but the findings from the

review and qualitative study also indicated a number of factors that appeared to mediate *what* was experienced, depending on the characteristics of the network member (gender in particular), the relationship the network member had with the survivor, the DVA the survivor was experiencing and whether or not she had children with the perpetrator.

Gender

The first factor mediating impact was the gender of the network member, and repercussions which appeared to vary were the psychological, practical and direct perpetrator impacts. Before discussing this in detail, it is important to recognise that there were a disproportionate number of female participants in both the qualitative interview study and represented in the studies in the literature review. The fact that more women than men took part in these studies is in itself a gendered issue, but despite the relatively small number of men for whom I had data, there were none-the-less important gender-based distinctions regarding impact which could be drawn.

With regards to psychological impact, both men and women described a sense of powerlessness but the trajectory towards this was often different. In general, men spoke about becoming angry towards the perpetrator, and mentioned their role in relation to *'protecting'* the survivor, feeling that they had *'failed'* her if they been unable to do so (either from fatal or non-fatal harm). Men described a lack of appropriate outlets for this anger when what they really wanted to do was direct it towards the perpetrator physically by giving him *'a good hiding'* and ended up feeling powerless as a result. In comparison, women's sense of powerlessness seemed to be more connected with the frustration they felt with the survivor's inability to extricate herself from the relationship (in spite of all the support they were offering) which could sometimes lead to low mood, and often a sense of hopelessness.

There was clearly overlap in the worries and concerns men and women expressed about the DVA situation, predominantly regarding the survivor's safety and wellbeing, and that of her children. Where they differed was timescale, with women expressing a great deal more generalised concern for the survivor's future, beyond their immediate worries, questioning her *'ability to cope'* (Daisy, Friend), how she would *'function'* (Ruth, Work

colleague) in the future and having concerns that she might do *'something like that again'* (Emily, Mum), as described in Chapter 6.

In addition, women mentioned *'guilt'* more often than men, particularly struggling with the idea that they could have or should have responded to, or managed the situation differently in terms of their interactions with the survivor. Women also more frequently verbalised their distress, and it was apparent that this could continue long after the abusive relationship had ended.

With regards to challenges to fundamental beliefs, women seemed more shocked that someone they knew had been in an abusive relationship, particularly when they attributed factors to the survivor that they felt were incongruent with being victimised, such as emotional strength and intellect, whilst men were more taken aback by the behaviours of perpetrators: *'why would you harass somebody who hasn't done anything?'* (Mark, Husband), as discussed in Chapter 6.

Both men and women expressed fear about the situation, though men tended to express fears for the survivor, with little regard for the potential danger to themselves: *'I don't fear for my life at all'* (Eric, Dad), as discussed in Chapter 6. Whilst some women expressed very similar feelings, more women expressed a degree of fear for their own safety in addition to the fear they felt for the survivor.

Practically, more women than men mentioned, or were mentioned with regards to, undertaking childcare, either to support the survivor during the abusive relationship, or in the aftermath, including scenarios where the DVA had been fatal.

Regarding direct perpetrator impacts, both men and women were at risk of potential physical harm, injury or assault, although more women described being on the receiving end of behaviours that were designed to intimidate, control or belittle them, sometimes with an underlying sexualised element.

One of the important implications of these findings about how gender mediates impacts on people providing informal support, is how resultant responses to DVA situations may be influenced. Women's shock that someone they knew had been in an abusive relationship may lead to responses that are at best surprised or confused and at worst dismissive or victim blaming (which is discussed in the later *'Representations of*

survivors/victims' section). For men, the lack of outlet for the blame and anger they feel towards the perpetrator, could potentially lead to a misdirection or an inappropriate expression of these emotions. The possible ramifications of this are substantial because it takes a lot of courage to disclose DVA, and any responses perceived as invalidating or blaming are likely to discourage future disclosures and help-seeking, and the survivor may even feel that she needs to protect or defend the perpetrator against expressions of anger from her supporters.

Closeness of relationship with the survivor

The second mediating factor was the closeness of the relationship with the survivor, both in terms of intimacy and proximity. The most commonly noted differences regarding the impacts experienced were between family members (including current partners) and friends (including colleagues), though this simple divide is somewhat artificial due to the roles friends and colleagues played if the survivor's family members were themselves abusive or showed a lack of understanding. Having said this, there were some general differences of note, as discussed in Chapter 6. First, whilst the DVA was happening, family members often knew something was wrong but not necessarily what: *'I was worried about her. But I didn't know what I was worried about* (Barry, Dad). In contrast, friends tended to be disclosed to more readily and sometimes knew a lot of detail about the abuse. This resulted in friends being more shocked by what they knew or had witnessed, *'it was just really shocking to see all that'* (Daisy, Friend), whilst family members described greater uncertainty and confusion, *'I didn't fully understand it, we were just confused'* (Gwen, Sister).

Fear for one's own safety was more often expressed by people who had witnessed or had been in close proximity when physically abusive behaviours (including murder) were taking place, as discussed in Chapters 4 and 6, which tended to be friends, neighbours and colleagues: *'I feared for my own life. I thought he would come back and kill me'* (Friend and Neighbour). However, family members and current partners appeared to be at greater risk of actual physical harm from the perpetrator, *'he just ran towards me, rabbit punched me in the gut'* (Mark, Husband), and of being stalked, *'the abuser stalked his ex-wife, learned she was dating another man, and then began stalking the new*

boyfriend as well' (author summary). Part of this may have been because friends sometimes proactively chose to reduce or prevent contact with perpetrators, *'it's something that I tend to avoid because ... I want to keep myself safe'* (Anne, Friend) whereas for family members, particularly where the survivor has children and the perpetrator has on-going access, contact may have been less avoidable.

With regards to physical health, the people who mentioned, or were mentioned, with regards to impact were almost exclusively relatives or current partners, with friends experiencing only occasional sleep loss.

Practically, as other research from survivors' perspectives has found,⁽⁹⁷⁾ there was a difference between the support friends and family members provided, with family providing more tangible assistance in the form of childcare, *'I feel like I play a second parent role to her daughter'* (Gwen, Sister), finances and accommodation, and friends and colleagues providing mainly emotional support. The people who had felt they had to move house for a variety reasons as a result of the situation, were all family members and current partners.

In terms of impacts on relationships, relatives reported experiencing much more blaming, judging and fault-finding than friends, which came from within the family system and the consequences of which were strained relationships, sometimes to the point where they *'broke'*.

Whether the survivor has children

The third mediating factor which emerged was whether or not the survivor had children, which links, in part, to discussions in the previous section because it was family members and current partners who were most affected by this factor. At the extreme end of the spectrum, where the survivor had had children and the intimate partner violence had resulted in femicide the grief processes for those who took on the caregiving roles (most often the maternal grandparents) were challenged because they had to *'manage their trauma and grief reactions in addition to the needs of the traumatized children'* (author description in Chapter 4). This caregiving could also present significant practical and financial repercussions. In scenarios where the woman fled the relationship, the situation was also complex, because of the perpetrator's

access rights. It was in the child handover context, when relatives and partners assisted survivors, that threats were made, that the perpetrator became *'very violent'* (Eve, Mum) and that actual physical harm was perpetrated against network members. In addition, people's fears, anxieties, distress, frustrations and anger were generally heightened about the DVA situation when children were part of the picture: *'I just feel as if I want to protect my daughter and my grandchildren...it's very, very painful, very painful'* (Eric, Dad).

The severity of DVA

The final mediator was the severity of DVA the survivor had experienced, in terms of the extent of the abuse and how much the network member knew about it. As discussed in Chapter 6, where people knew the detail about high-end physical and sexual abuse or suspected that this was happening, they were often very engaged with the survivor, *'I needed to focus more closely on what was really going on'* (Vicky, Work colleague), experienced a stronger sense of shock, were fearful for her, *'She confided in me [the details of abuse]...I just feared for her life'* (Stacey, Friend), and felt a strong sense of responsibility in the situation, *'I felt sort of duty-bound to keep supporting her'* (Stacey, Friend). Where abuse was less extreme or less obvious, people more frequently described their confusion, *'I think when I didn't fully understand it, we were just confused'* (Gwen, Sister) and their uncertainty of role, *'I didn't know that all this stuff had gone on and of course I was just making things worse'* (Barry, Dad). As more information became apparent, either by disclosures or by witnessing incidents, people's confusion abated: *'When it came to the crunch and my friend was disclosing the abuse, it just all seemed to fall into place'* (Louise, Friend).

Representations of survivors/victims

It was clear from both the literature review and the interview data that people had strong preconceived ideas about *who* DVA survivors are and *how* they should behave, and that this was frequently at variance with their personal experience of the survivor they knew. As mentioned earlier in this chapter, there were certainly instances where participants were surprised that the survivor they knew had been a victim of DVA,

particularly when they viewed her as a 'strong', 'independent' or 'intelligent' woman. People expressed less surprise, that the person they knew had experienced DVA, when they viewed the survivor as vulnerable in some way (although the surprise that it had happened to someone they knew, someone *like them*, if they were related or friends with the survivor, often remained). Where a survivor was viewed as capable and people attributed agency to her, they were more likely to express frustration, disbelief and sometimes anger at her actions in choosing to remain in the relationship or in behaving in ways that they felt were inappropriate or wrong, almost as a form of *victim-blaming* (though no one overtly mentioned 'blaming' the survivor and it was clear from the narratives that participants sensed it was socially unacceptable to do so). Participants with a greater understanding of DVA, either through personal or professional experience were not necessary immune to this. For example, friends who were themselves a survivor of DVA mentioned their frustrations that survivors had not taken the same course of action that they had, whilst professionals spoke of being able to hold back judgements from their clients in a way that was much more difficult when it was someone much closer to them.

These findings fit with the wider literature on *victim-blaming*, including Stark's work which considers how police and legal systems, in particular, respond to DVA survivors and attribute blame.⁽²⁾ Whilst Stark writes about professionals, there are certainly parallels in my research with informal network members, but if anything the complexity of how these people feel is greater because of their direct involvement in the situation. As reported in the findings chapters (Chapters 4 and 6) friends and relatives of DVA survivors often had a sense of injustice and very little control over the situation which left them wanting to blame someone for what was happening. Often they did blame the perpetrator, but there was also blaming amongst the network members and of the survivor.

Christie depicts the 'ideal victim' (in terms of people who are given '*complete and legitimate status of being a victim*' of a crime) as being the one who generates '*the most sympathy from society*'.⁽²⁸³⁾ Culture and the media play important roles in this, but Christie and others suggest that across cultures there are commonalities with the young, the vulnerable and those perceived as completely innocent in their own victimisation

being seen as deserving of the status of *victim*, whilst others may be seen by society as undeserving.⁽²⁸³⁻²⁸⁵⁾ With regards to '*innocence*' in terms of victimisation, the offender being known to the victim and the existence of a personal relationship between them, which of course is true for DVA, puts this victim status at risk.⁽²⁸³⁾ In the studies I reviewed and from my own participants' narratives, it was clear that youth and perceived vulnerability in survivors had invoked very protective feelings in friends, family members and colleagues with perhaps less victim-blaming short-term, though when support and advice were ignored or rejected on an on-going basis, a degree of blame or judgement could creep in. Perhaps an extension of the '*ideal victim*' notion is needed to include the person's willingness to engage with and/or follow the support and advice being offered by those trying to help.

The situations which have been investigated are of course further complicated by the fact that some network members were themselves being victimised by the perpetrator which raises two important issues. First, that it is possible that those on the receiving end of abuse themselves might be more inclined to blame the DVA survivor because her involvement with the perpetrator (past or present) is what puts them at personal risk. Second, it was clear from participants that their own victimisation within the situation was largely unrecognised, both by professionals and by the DVA survivor herself, and as a result network members doubted the legitimacy of their own status as a victim in need of support. Recommendations for theory and practice in light of these findings are included in Section 7.6 in this chapter.

Mirroring of the survivor's experience

The final thread is the extent to which the experiences of friends and relatives overlapped with that of survivors, albeit to a lesser degree and sometimes with a time lag. Gwen and Audrey both alluded to this as they described supporting their sister and friend:

It was a roller-coaster, it really was a roller-coaster...she did leave and go back a few times, and want to end the relationship, and went back and, like the relief and then the pain again, and the worry and, obviously it's nowhere near, I can't compare with what my sister was actually going through,

but I think we mirrored that in like a smaller way. So if her waves were really sort of huge troughs and small peaks, our curve was just mirroring that... (Gwen, Sister)

I think the important thing is just if you're a friend or a family member, and you are a pretty close one at that, you will probably take that journey to an extent with the survivor...obviously you won't go through everything that they're experiencing and obviously the emotion's there, but I think to an extent you do, especially if they're being quite open and they're telling you everything that they're going through (Audrey, Friend)

Few of the psychological, physical, or direct perpetrator impacts mentioned by network members would be unfamiliar to DVA survivors, and just as women who experience abuse sometimes prevent themselves from *feeling the feelings* until they are in a safer environment, so too can friends and relatives experience a delay in impact, playing catch-up once their awareness of the abusive situation is raised, or particular events are disclosed. Occasionally it felt as though what friends and relatives were feeling, almost on the survivor's behalf, was a possible transference of emotion where the survivor was perhaps unable to let herself feel the extent of her feelings, but the friend or family member could, only too acutely:

It's really strange because on occasions I'd be so caught up in how I felt about it, I'd almost forget that it was, you know, Laura had actually been through it, and I'd only just heard about it, you know (Ben, Partner)

7.4 Research challenges and reflections

As with any study, there were challenges and obstacles to be overcome within the research. Below I highlight a few in particular, related to dilemmas around methodology and methods, practical complexities and the emotional challenges of the work undertaken.

Systematic literature review

Searching using nebulous and indistinct terms

From beginning to end, undertaking the systematic literature review was complicated, and the complexities began in the electronic searching itself, where the plethora of possible terms for DVA, and the imprecision of terminology available to access the concept *impact on health* made searching quite convoluted. Some of this I overcame with proximity searching, where databases allowed this function, but the overall effect of such broad searching was a consequent time-consuming wading through large numbers of irrelevant papers.

Using meta-ethnography for this review

Meta-ethnography is a useful, flexible and structured approach for conducting the synthesis of data from a number of studies. There were, however, challenges with trying to bring the particular studies identified from this review together in this way. First, I had both quantitative data and qualitative data to synthesise, which required some detailed thinking through. As mentioned in Chapter 3, Dixon-Woods and colleagues talk about meta-ethnography as an approach that can be used with *converted* quantitative as well as qualitative data,⁽¹⁸⁵⁾ but there are few available examples of this. Quantitative data do not neatly fit with Schutz's notion of *orders of constructs*,⁽¹⁹⁵⁾ because whilst author interpretation of the meaning of numbers and statistics might conceivably fit with the idea of a second-order construct, the reported number or statistic itself is clearly *not* a first-order construct because the original data have been through a researcher-chosen process and a series of decisions that render it far from representing the original voice of the participant. I was keen however to still try to generate third-order constructs based on both sets of data whilst accepting the paradigm differences, in order to try to minimise the silo effect, which keeps different forms of data apart. Thus, the presentation of the quantitative data in descriptive form (rather than numerical form) alongside the qualitative data, in order to build on *all* the data, was the appropriate compromise. Even for the qualitative data, the distinction between first- and second- order constructs was complex. Authors' summaries without interpretation could have legitimately been viewed as either order of construct, and whilst I chose to

classify these data as first-order for my review, it could be argued that any synopsis has a degree of interpretation inherent in it. Atkins and colleagues contest that even direct participant quotes are not free from this issue since their coding and extraction from the full dataset by the researcher begins the interpretation process, thus only the complete narratives could truly be considered first-order.⁽²⁸⁶⁾

Meta-ethnography was originally developed for combining meaning across ethnographies and these types of study are particularly apt for the generation of third-order interpretations because of their rich accounts of phenomena and their focus on meaning.⁽²⁸⁶⁾ The studies in this review, however, lacked this thick description, partly due to the methodologies used but also because the specific topic for this research had not been directly addressed by any of the papers identified; the information was peripheral and as such there was author commentary without related participant data, and participant voice without author explanation. The result was scant and disparate data to be drawn together, which did allow for limited translation of findings into one another, and a small amount of inference, but virtually no refutation was possible.

In summary, whilst meta-ethnography and the use of Schutz's notion of *order of constructs*,⁽¹⁹⁵⁾ have some advantages in conducting syntheses within systematic literature reviews, in the context of this particular research it was challenging to apply this method. Like other researchers,⁽²⁸⁷⁾ I particularly struggled with the distinction between first- and second-order constructs, and further work is needed to more finely delineate these ideas and/or to re-specify parts of the approach.^(286, 288)

Whose voice is being represented?

Just to confuse the picture further, in half of the studies identified in the review, data were not directly from network members, but rather, from survivors themselves, professionals or media reports. In other words, the information reported about the impact on friends and family was at least partially from third parties, and even sometimes from people who occupied more than one perspective e.g. a survivor in a refuge who has offered friendship to fellow survivors. The process of untangling who was saying what about whom, and conveying that coherently and transparently in the findings chapter for the literature review was incredibly complex.

Whilst acknowledging the challenges in undertaking this review, it has nevertheless provided a solid foundation upon which further research can build.

Qualitative interviews

Reflections on use of different media for interviews

As one might imagine, the different modes of interview (face-to face, telephone and Skype) appeared to influence both the quantity and depth of information shared by participants, with face-to-face interviews enabling a sense of connectedness and intimacy that encouraged trust and confidence, resulting in greater disclosure, and thus fairly lengthy interviews. The telephone interviews were, in general, shorter than the face-to-face interviews, but the impact of not being able to see me, seemed to vary for different participants. I had the sense that for some people it was an inhibitor, with less opportunity to build rapport, resulting in shorter and more stilted interviews, whilst for other participants the anonymity provided by phone contact seemed to have the opposite effect, enabling them to speak more freely.

Using Skype, on the other hand, presented problems of its own. I had offered it as an option because I felt that having visual as well as audio information would help me to bond and create a greater level of rapport with participants than would be possible over the telephone. In my experience this worked, because having seen the participant's body language and facial expressions, I was able to make more perceptive responses which resulted in information sharing at a deep level, and the Skype interviews ended up being similar in length to some of the longer face-to-face interviews. However, the downside of this creation of intimacy without proximity meant that I felt a sense of powerlessness at times. In two of the Skype interviews I conducted, the participants were highly emotional, sobbing at various points where we touched on painful experiences. At the time they indicated that they were keen to continue, and in my follow-up contact they described the whole experience as helpful and cathartic. However, the difficulty lay with me, and my sense of impotence at not being able to respond in a way that I would have liked during the interview. If we had been together in person I could have shared tissues with them, suggested that I make the participant a cup of tea, or offered comfort by placing a hand on their arm or shoulder. Instead, all I

could offer were empathetic words, which somehow did not feel substantial enough, leaving me ill-at-ease during and after the interviews. I did conduct further Skype interviews, at the request of two participants, but made sure that I had a greater level of contact with both in advance so that I could re-iterate messages regarding potential for distress and check that they had sufficient support in place post-interview. In addition I made sure my supervisors would be available immediately after the remaining Skype interviews so that I could debrief as soon as possible.

The potential for researcher vicarious trauma

Linked in with this, it is important to mention that the material participants came with was often very raw and unprocessed, because these were a group of people who had generally little opportunity to tell their story, and they had a high degree of emotion attached to difficult, and at times horrific, events. As a result, I would often be left with the words participants used echoing in my ears for days after the interview, particularly where they described physical torture, sexual violence or extreme emotional abuse. I had to be mindful of my own wellbeing and implement strategies to prevent myself from being vicariously traumatised: spreading out interviews, alternating between heavier and lighter tasks, debriefing straight after the interviews as necessary, and engaging with pro-active clinical supervision.

The limitations of language

We all use language in different ways and choose to represent our experience uniquely. This is particularly true when talking about concepts that are more nebulous such as emotional experience; what one person talks about as anger, another might describe as frustration. This is not just down to eloquence: emotional intelligence, insight, and perspective (including social norms) are all important. For the qualitative interviews, I was asking participants to report on the psychological and emotional impact within their experiences, and for some people this was clearly a challenge and they, probably without intent, deviated from my questioning returning to the *safer ground* of describing their thoughts about the situation and factual incident-based information. As a counsellor, enabling people to consider their *feelings* about a situation or their experience is familiar territory for me, and I was able to accomplish this with

participants, but it was clear that some people had a limited vocabulary in their descriptions. Occasionally people latched on to a particular word and stuck with it to describe what were perhaps quite a range of different emotions. Others chose words that to me seemed incongruent with what they described or their demeanour in the room. Certainly across my sample, I had a strong sense that people were using different words to describe the same thing, and the same words to mean different things. I addressed this in a couple of ways. One was by recording in my fieldnotes my reflections about what the participant was describing, beyond the words they had used. The second was by using the tool of *immediacy* within the interviews to comment on participants' body language or my felt sense of what they were describing to facilitate their exploration. An example of this was when I commented to a participant that I could see she had her fists clenched, and after this observation she found it much more possible to acknowledge her anger towards the people in the situation she was describing. This does risk *getting it wrong*, however by offering the observations tentatively, my experience was that participants felt able to reflect on what I had said and correct or develop a more nuanced description of their feelings, which enabled us to get to a deeper level of exploration.

7.5 Strengths and limitations of the study

Strengths

One of the key strengths of this PhD is the novelty of topic; the research is groundbreaking in an area previously unexplored. Certainly friends, colleagues and family members have been considered before as part of the secondary context of survivors, but few studies have explored the situation from the perspective of this group, and none have considered the impact and toll that supporting a survivor takes on these people. A further strength has been the use of two distinct methods, systematic literature review and qualitative interviewing, to approach the research question from different angles, compensating for their individual limitations, and increasing the breadth of inquiry by multiple methods triangulation.^(289, 290) Of course, since the methods were used in succession, with the qualitative work using the review findings as a framework for questioning, they were not independent of one another. However, by

using an abductive approach for the qualitative interviewing rather than a top-down deductive one, it left open the possibility for the findings of the interviews to be different from those of the review.

Literature review

Strengths of this review include the comprehensive search strategy used to interrogate multiple databases, and the emphasis on capturing grey literature, which reduced the potential for findings to be influenced by publication bias. In addition, three strategies were specifically incorporated to assess validity and reliability, the outcomes of which provided assurance about the rigour of the review. An additional strength (as well as a challenge) was the inclusion of both qualitative and quantitative studies in the review; that the full range of evidence was considered, aggregated and built upon.

Qualitative interviews

One of the strengths of the qualitative component of this research has been the active and ongoing commitment to reflexivity and to transparency regarding my positioning. This has afforded valuable insight about the lenses through which I view the research, which has necessarily impacted on the way I have generated and shaped the findings. The use of fieldnotes and a reflection log has been particularly helpful because this provided a mechanism through which to check the neutrality of my approach, adding confidence to the *confirmability* of the research. In addition, it has allowed the reader to *locate* me, and thus to read and consider the findings in light of contextual information not only about the research participants but also about the researcher.

The use of thematic analysis to analyse the interview data was an additional strength, because the methods allowed great flexibility without the need to either impose a rigid framework or to be so grounded in the data as to risk not answering the specific research question. With this being an exploratory study, venturing into uncharted waters, generating new theory was not the intention, but rather the production of a descriptive and illuminating set of findings as a firm foundation from which to launch future research. This type of analysis was well suited to these aims.

Limitations

One of the limitations of this research has been that whilst using a very broad definition of DVA to try to capture experiences relating to as wide a range of survivors as possible, what I almost exclusively captured were the experiences of informal supporters of survivors of *intimate partner violence and abuse*. In only one case did I capture experiences where the survivor had been abused as an adult by an adult family member, her father. Moreover, the experiences of IPV reported related solely to informal supporters of survivors in heterosexual relationships. For the literature review, this is probably because much more has been researched about violence and abuse between heterosexual partners than between non-partner adult family members or same-sex partners. For the interviews, whilst the recruitment materials used part of the Home Office definition to highlight the wide scope of DVA, it may be that the predominant societal understanding of DVA prevailed, such that only those who knew a survivor of DVA in a heterosexual partnership considered themselves eligible for participation in my research.

Literature review

One of the potential limitations of the systematic literature review was the inclusion of studies appraised as being low or moderate quality. With such sparse data available on this unexplored topic, the removal of all but the highest quality papers would have provided little basis from which to explore further. Moreover, as discussed in detail in Chapter 4, the quality assessment tool itself (the CASP) may not have provided the most meaningful information about both the quality of individual reported studies and about the relative quality of articles, particularly when they reported research with differing methodologies. In addition, as mentioned above, not all data were first-hand reports and therefore may have included assumptions and outside perspectives that were in fact erroneous and unrepresentative of the actual experience of the network members of survivors.

There are also some limits to the generalisability of the findings due to the nature of the included studies: most were conducted in the USA, no study included participants aged over fifty years, and there was little ethnic diversity in participants, they were almost

exclusively White or African American. The review findings may have been different had the studies involved more diverse populations.

Qualitative interviews

For findings of qualitative research to have credibility, they must be appraised to be adequate representations of the phenomenon,⁽²⁹²⁾ and as King and Horrocks point out this is difficult to provide assurance about when relying on participant interviews.⁽¹²⁶⁾ There are a number of aspects to this: one is the possibility of misrepresentation of experience by participants, either intentionally or in response to the intrinsic demands of the social situation (for example by wanting to give socially desirable responses or by curtailing emotions that are less socially acceptable). A second is the reliance on the researcher both to understand and to interpret what has been conveyed. Whilst appreciating that these are limitations of the particular method chosen, I attempted to improve credibility both in the interviews and in the analysis. In the interviews, I endeavoured to create an atmosphere that would encourage honesty and openness and that, by the sensitive use of counselling techniques, made less socially acceptable expressions possible. I also confirmed my understandings with participants by feeding them back throughout the interview, which allowed challenging and honing of the representations I was beginning to form. An additional type of assurance would have been to present the initial findings from the analysis back to the participants and to incorporate their feedback and reflections. There were several reasons why I chose not to do this: partly pragmatic due to time constraints, but also because of the potential for participant distress, the complexities of integrating their commentary with my initial findings, and that the breadth of sample may have made it difficult for people to comment at an individual level about findings from data reporting such a range of experience.

A second limitation of the interview study is that generalisability of findings is an inherent problem for qualitative research, because the possibility always exists that those who chose to take part in a study were atypical in some way. The sample did encompass people with a wide range of ages and relationships to the survivor, and from a fairly wide geographical area in the UK, however there was less breadth for other

characteristics. My participants were more highly educated than the general population, the vast majority were of White British ethnicity, and a fairly large proportion were active in some way within the DVA field. It is certainly possible that the experiences of people from minority ethnic groups, people with less education, or those who are less knowledgeable about DVA would differ. Thus a degree of caution should be exercised in generalising the findings, but provision of detailed contextual information about participants should aid judgements around transferability.

7.6 Implications

In light of the findings from this thesis, there are a number of recommendations which can be made regarding theory, service provision, policy and research in this area.

Recommendations for theory, practice, policy & research

With the high life-time prevalence of DVA for women in the UK, it stands to reason that most people will at some point in their lives be in the position of friend, relative, colleague or partner to a DVA survivor. Some people may not recognise the position they are in; many will, and research from this thesis suggests that they will be impacted in numerous and varied ways, but without external recognition of what they are facing, and with a deficit in terms of available support.

Researchers, practitioners and policy makers alike have started to hint at the need to consider the perspective of people who form the social context for DVA survivors. Predominantly in research, this idea is focussed on the endpoint premise of greater support for the survivor via mechanisms of increasing the intervention of bystanders,^(92, 94) but still without much consideration of what this process of engagement means for the network member. In policy, as mentioned in Chapter 1, the UK Home Office has recently recognised the value of relatives having voice in the domestic homicide review process. In practice, Evan Stark, a leading authority in DVA, in talking about the downsides of the professionalisation of DVA services, intimates that empowerment and mutual support need to be re-established as the cornerstones of survivor support, but he stops short of suggesting that this could happen in a generalised way between informal supporters, rather than solely within refuges.⁽²⁾

For me, none of these ideas are ambitious enough. Work for this thesis has indicated that the impacts on friends, relatives, current partners and work colleagues are wide-ranging and potentially huge, that this group of people are, for the most part, only too willing to be involved in providing support to the survivor they know, but that they are missing basic, fundamental support themselves. Recognition of their predicament and provision of support would equip them in this role so that their own coping, wellbeing, quality of life and capacity are not diminished.

For theory

In the Introduction chapter to this thesis (Chapter 1) different theoretical models and explanations regarding DVA were discussed. The data presented in this thesis has highlighted gaps in some of those ideas, particularly those which focus almost exclusively on the primary individuals in DVA situations (the survivor, the perpetrator, the couple or the nuclear family) without considering the wider community context within which the perpetration and victimisation take place. The research reported in this thesis presents a challenge to individualist theories, particularly survivor-blaming explanations, because my findings indicate that a whole range of people, including relatives, friends, current partners and colleagues may be being victimised by the perpetrator in addition to the survivor. The findings also add weight to some of the theories, particularly to the more recent, nuanced feminist theories which embrace ideas of intersectionality,⁽²⁹³⁾ and to the ecological model of DVA.⁽⁴⁸⁾ These later feminist theories keep gender at the heart of our understanding about DVA, but do not minimise the possibility of men being victimised.⁽²⁹³⁾ My work supports this because it has demonstrated that males who are part of the survivor's social network can often be secondary victims either directly, or indirectly through vicarious experience. As discussed earlier in this chapter, the qualitative findings indicate that gender plays an important role in how friends and family members experience disclosures of abuse and how they respond emotionally to information about the situation. Beyond theory, these findings have practical implications for the majority of DVA agencies which have been set up solely to meet the needs of women.

This research also substantiates the ecological model⁽⁴⁸⁾ and, adds detail to what is a fairly sparse model regarding *what* is happening within and between the various contexts, and provides data about *why* and *how* it happens. This is particularly the case for the '*relationship*' and '*community*' contexts in the model,⁽⁴⁸⁾ for which my research provides illustrative examples from the experiences of those close to the survivor.

The challenge remains however that we are still very much working with two-dimensional models regarding DVA. Whilst it is perhaps appropriate that the survivor remains at the heart of any model, the complexity around real-life scenarios, including additional victims, multiple perpetrators, mixed perpetration and victimisation remains insufficiently represented. Further development of existing models is required to reflect this. My intention in taking a critical realist perspective was to reveal and recognise the underlying structures about this complex topic. By attributing value to the subjective accounts of participants, I have been able to generate findings which challenge, endorse and extend some of the theories in this field.

For practice

The interviews shed light on the range of professionals with whom the friends, family members, and colleagues of survivors had come into contact. It was apparent that even in the best case scenarios, where the survivor's needs were evaluated and responded to appropriately, minimal consideration was given to those around her. Even when direct approaches were made by network members, for example to request information or to report abuse, agencies tended not to take their concerns seriously, gave reasons why they could not respond, or indicated that they had little to offer, leaving friends and relatives feeling that their needs had been dismissed. As mentioned above, there is a particular need to extend the ideas of professionals working in the DVA field around all the potential victims in domestic violence scenarios, so that the experiences and needs of a broader range of people are legitimised and met.

Thus, my recommendation for all professionals who work in positions where they routinely come into contact with survivors (including healthcare staff, police, social workers, lawyers specialising in family law, and those in specialist DVA services) is that they need to give consideration to those around the survivor; to reflect upon who might

be experiencing impact, and to provide opportunities for disclosure and legitimisation of concerns, experiences and feelings. Professionals should also be aware that they can signpost network members to the National Domestic Violence Helpline, where callers can receive some support, albeit limited to information providing and general listening support at present.

In addition, campaign and publicity materials directly targeting the survivor's network members would be helpful both at a national and a local level, to open the way for those providing informal support to recognise the impact that the abusive relationship is having on them personally, and to promote their option to contact the helpline to gain support.

Specialist DVA services need to be extended and developed so that they can incorporate the needs of informal supporters whose role is so valuable in survivors' ongoing recovery and safety. These services should equip friends and family members, giving them skills and knowledge, including sensitively tackling issues around stereotypes and cultural/media portrayals of DVA which can lead to victim-blaming. This is important for network members' relationships with survivors and for the on-going provision of their support, but also for the wellbeing of the network members themselves because they clearly feel conflicted about the negative thoughts they have regarding the survivor. Services should also provide emotional support to those who are struggling to contend with the challenge of supporting a loved one within such an emotive context. In practice, this will involve more inspired commissioning models for DVA services; a rethinking of the way in which survivors are supported by those in their community.

An extension of the material covered by perpetrator programmes is also needed to address behaviours that perpetrators may be using to directly target members of the survivor's social network.

With regards to work colleagues specifically, there are examples of good practice in the US⁽²⁹⁴⁾ where companies such as Liz Claiborne and Kodak have taken strong stances around DVA. Not only do they run campaigns highlighting the problem, and have plans for responding to employees who experience abuse, but they also train all employees about DVA. This equipping with knowledge in the workplace could be extended to provide active support for those who help and care for a survivor. Considering DVA costs

the UK economy £1.9 billion annually,⁽⁸⁷⁾ support provision in this context would not only be invaluable, but in all likelihood cost effective.

For policy

My recommendations for policy, are that where relatives have already been formally recognised, for example in guidance around the domestic homicide review process,⁽¹⁰⁴⁾ that definitions are extended to include friends and work colleagues in recognition that family members are not the only people who can help give the survivor voice in her absence. Inclusion of these people in this process would also facilitate their own understanding, grief processes and ultimately their wellbeing.

Of course, it is not just a case of extending inclusion, because there are any number of DVA related policies where the social context of the survivor is almost entirely invisible. An example of this is the recent report by Her Majesty's Inspectorate of Constabulary (HMIC), which acknowledges the inadequacy of the UK policing response to DVA, with stated intentions of forces not translating into operational reality,⁽²⁹⁵⁾ but hardly mentions the survivor's network. Clearly there is a need for police policy changes that reflect the potential for informal supporters to be: witnesses to DVA (and thus able to provide valuable evidence), supporters of the victim in the immediate aftermath of a crime and through subsequent court processes, and of course victims of criminal offences in their own right where perpetration has extended beyond the survivor. One very particular change needed is a mechanism through which third parties can log concern with the police, about the potential for DVA, without necessarily initiating their duty to investigate; to provide an option for general information to be logged, that records concern, but that does not have to be incident linked. This would fit with recent campaigns,⁽²⁹⁶⁾ following the Home Office revision of the definition of domestic violence,⁽¹⁾ to reform the law so that patterns of abusive behaviour, psychological abuse, and coercive control are criminalised.

Similarly, this research highlighted the lack of voice for family members with concerns about the perpetrator's behaviour towards the survivor's children. The survivor herself may not be in a position to directly or fully engage with social services, and thus it is vital that their policies reflect the importance of giving opportunity to others closely related

to the situation to express anxieties and fears, and for these to be considered with regards to ongoing access.

For research

My specific recommendations for research will be covered in the following section as I outline my intended plans going forward. In a more general sense, future research needs to triangulate perspectives of friends and relatives with that of survivors and perpetrators, so that abusive relationships are considered from multiple viewpoints, broadening our understandings around abuse tactics, disclosure, helpseeking, and response from informal supporters. Research is also needed to explore the interlinked context within which the survivor receives support, for example, by taking a case study approach with individual survivors to understand the complexities around the who, how, when and why of disclosure, helpseeking and response, from the various people who form her social network.

Future research & knowledge mobilisation

The concept of moving available knowledge into active use is certainly not new, however there is an increasing push by funders of health research, to translate findings into tangible benefits for members of the public.^(297, 298)

For researchers funded by public money in a time of austerity this is especially important, and this fits with my beliefs about the importance of research having practical application and impact.

Thus, having undertaken this exploratory work I am keen to see the findings mobilised, and have committed to work with Women's Aid (a charity which jointly provides the National Domestic Violence Helpline and supports a network of specialist DVA services across the UK) to develop a training module for professionals in the field which specifically addresses the role of, and the impact on, friends and relatives of survivors.

In addition I plan to take this research forward by developing and testing an intervention that is aimed particularly at people in the survivor's network to see if their knowledge, wellbeing, coping and quality of life can be enhanced, and whether this in turn could improve the outcome for the survivor. In the first instance, this would involve a

secondary analysis of my qualitative interview data, amalgamated with focus group data, to establish the necessary components of a support intervention for friends and family members of survivors, with particular attention paid to: interest, acceptability, accessibility, barriers and facilitators. This would inform the development of an intervention which can then be piloted, prior to a randomised controlled trial.

I can also add to the work of colleagues by ensuring that informal supporters are considered when research with DVA survivors, perpetrators, children and professionals is undertaken.

7.7 Conclusion

Domestic violence and abuse is a serious human rights violation, with high life-time prevalence among women in the UK.⁽⁶⁰⁾ Whilst previous research has highlighted the potential benefits for survivors of interactions with informal supporters, namely friends, family members and colleagues, ^(90, 97, 100-103) rarely has this group been considered in their own right in terms of the impact they may experience and the needs they may have within the situation.

The aim of this research was to enlarge the picture around DVA by investigating the health and wellbeing impacts on the adult relatives and friends of survivors. The systematic literature review conducted, whilst providing some illumination, largely exposed the gap in extant literature; that first-hand experiences from members of the survivor's social network have rarely been sought, and where they have, the *impact* of these experiences has not previously been the primary focus of a study. The qualitative component of this thesis sought to address this gap, by capturing exploratory data from friends, relatives, partners and colleagues, in order to provide a rich description of their experiences. Findings from these interviews make evident the numerous, often concurrent, and potentially profound and persistent impacts on health and wellbeing that adults around the survivor experience. Participants described negative impacts on their health, their psychological and emotional wellbeing, their relationships, their safety and their everyday life, often with an interweaving effect between the impacts. Some spoke of the gains they had felt from supporting a fellow human being, particularly if they themselves were a survivor or if they had recognised a *need to offer*

care within themselves. Beyond the specific impacts, meta-themes emerged regarding the variation in experience between individuals. Factors such as: the closeness of relationship with the survivor, the gender of the friend or family member, the severity of the DVA the survivor has experienced, whether or not the survivor has children, and whether or not network members have themselves experienced DVA, appeared to mediate *which* impacts were experienced. In addition, the pervasion of coercive control, the ways in which network members viewed victims/survivors, and the extent to which the experiences of friends and relatives overlapped with that of survivors, has been highlighted.

In conclusion, this thesis provides valuable insight into the impacts experienced by adults in social networks of DVA survivors. It makes a significant and original contribution to research around DVA, and provides firm foundational work from which to take steps (both in research and in practice) towards meeting the needs of those who provide informal support to survivors. As a noteworthy by-product, this thesis has made audible the voices of the friends, relatives, colleagues and partners of survivors, who, as they so often described in interview, rarely have an opportunity to be heard.

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Appendices

Appendix 1 - List of search terms for systematic literature review

Appendix 2 - Decision-aid flowchart for systematic literature review

Appendix 3 - Detailed results of the systematic literature review searches

Appendix 4 - Systematic literature review: study characteristics

Appendix 5 - Systematic literature review: methodologies, links & participant groups

Appendix 6 – Systematic literature review: examples of quality appraisal outcomes

Appendix 7 - Final coding index for systematic literature review

Appendix 8 - Systematic literature review: breakdown of themes by article

Appendix 9 - Qualitative interview topic guide (final)

Appendix 10 - Qualitative interviews: confirmation of ethics approval

Appendix 11 - Qualitative interviews: recruitment protocol

Appendix 12 - Qualitative interviews: participant support sheet

Appendix 13 - Qualitative interviews: participant consent form

Appendix 14 - Qualitative interviews: confidentiality protocol

Appendix 15 - Transcriber confidentiality agreement

Appendix 16 - Qualitative interviews: researcher safety protocol

Appendix 17 - Qualitative interviews: recruitment poster

Appendix 18 - Qualitative interviews: participant data form

Appendix 19 - Qualitative interviews: participant information leaflet

Appendix 20 - Qualitative interviews: participant confirmation letter

Appendix 21 – Participant stories

Appendix 22 - Transcriber guidelines

Appendix 23 - Full list of codes for qualitative interviews

Appendix 1 - List of search terms for systematic literature review

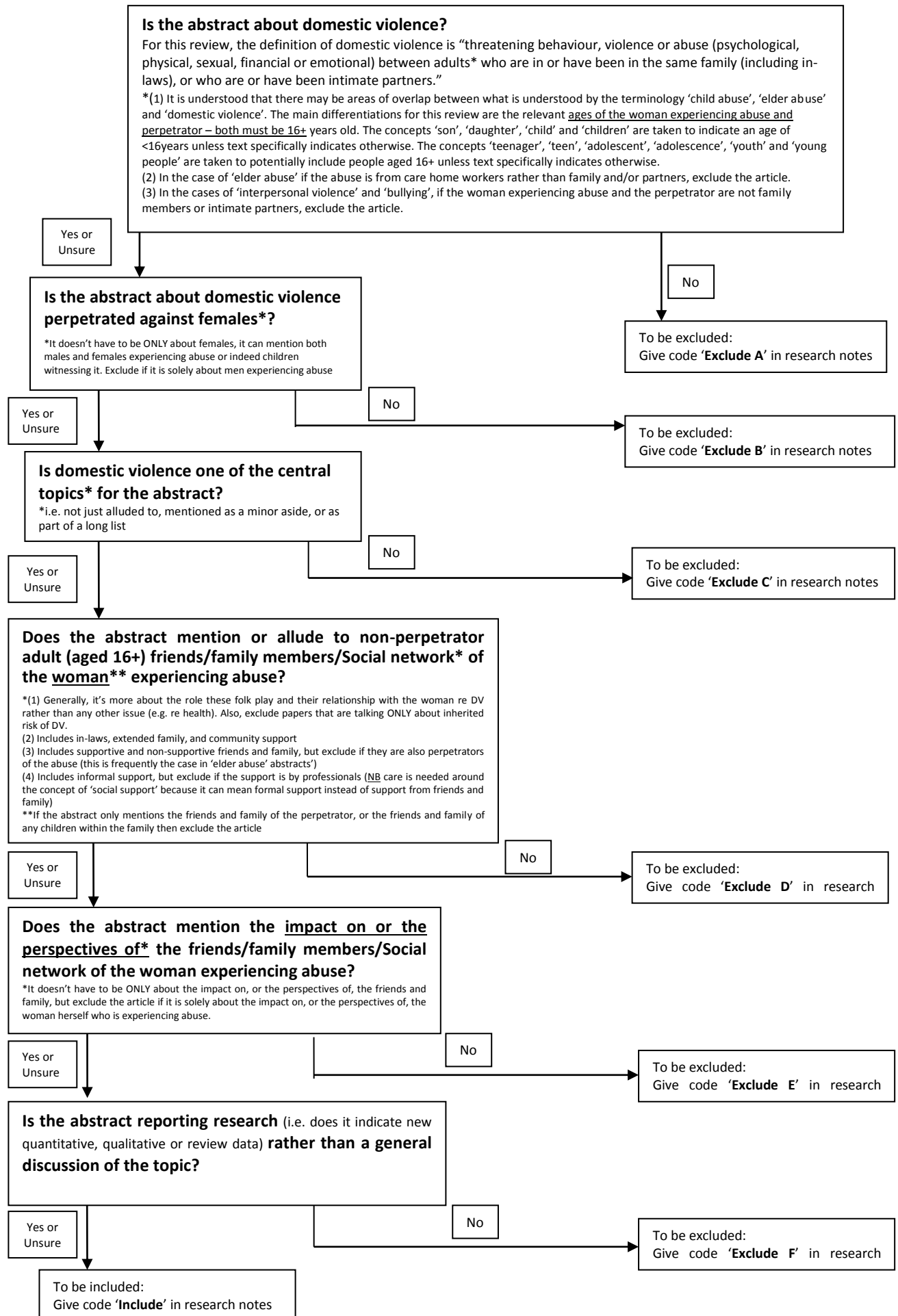
Domestic violence terms	Who? (Population of interest)	What? (Impact on health)	
Domestic Violence (M)	Family (M)	Impact* (KW)	Health (M)
Domestic Violence (KW)	Family (KW)	Implication* (KW)	Well Being (M)
Domestic Abuse (KW)	Families (KW)	Effect* (KW)	Health* (KW)
Spous* Abuse (KW)	Family Members (M)	Consequence* (KW)	Wellbeing (KW)
Spous* Violence (KW)	Family Member* (KW)	Influence* (KW)	Well Being (KW)
Battered Woman (KW)	Friendship (M)	Repercussion* (KW)	Disease* (KW)
Battered Women (KW)	Friendship* (KW)	Outcome* (KW)	Illness* (KW)
Battered Females (M)	Friend (KW)	Reaction* (KW)	Sick* (KW)
Battered Female* (KW)	Friends (KW)	Response* (KW)	Infirm* (KW)
Battered Wife (KW)	Support Network* (KW)	Sequel* (KW)	Disorder* (KW)
Battered Wives (KW)	Social Support (M)	Ramification* (KW)	
Battered Partner* (KW)	Social Support (KW)	Aftermath (KW)	
Wife Abuse (KW)	Social Networks (M)	Result* (KW)	
Abused Wife (KW)	Social Network* (KW)		
Wife Violence (KW)	Social Groups (M)		
Wife Beating (KW)	Social Group* (KW)		
Intimate Partner Violence (M)	Peers (M)		
Intimate Partner Violence (KW)	Peer* (KW)		
IPV (KW)	Significant Others (M)		
Intimate Partner Abuse (KW)	Significant Other* (KW)		
Partner Abuse (M)	Acquaintance* (KW)		
Partner Abuse (KW)	Third Party (KW)		
Partner Violence (KW)	Third Parties (KW)		
Conjugal Abuse (KW)	3rd Party (KW)		
Conjugal Violence (KW)	3rd Parties (KW)		
Marital Abuse (KW)	Informal Support* (KW)		
Marital Violence (KW)	Informal Help* (KW)		
Woman Abuse (KW)	Community Support (KW)		
Abused Woman (KW)	Bystander (KW)		
Women Abuse (KW)	Relatives (KW)		
Abused Women (KW)			
Family Abuse (KW)			
Family Violence (KW)			
Elder Abuse (M)			
Elder Abuse (KW)			
Elder Violence (KW)			
Marital Aggression (KW)			
Relational Aggression (KW)			
Relationship Aggression (KW)			
Partner Aggression (KW)			
Interpersonal Violence (KW)			
Intimate Terrorism (KW)			

Key:

KW - Key word search terms

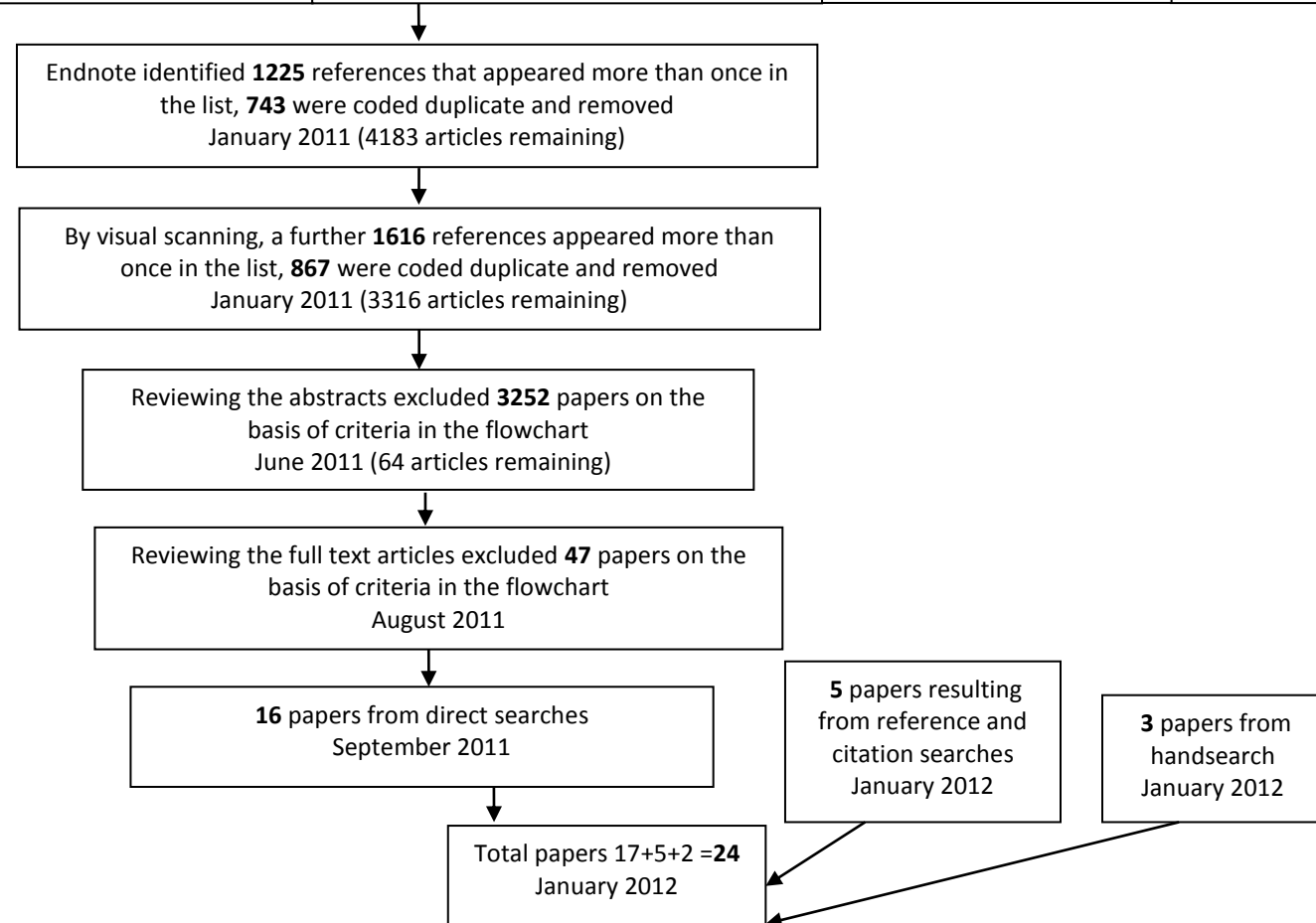
M – MeSH search terms

Appendix 2 - Decision-aid flowchart for systematic literature review



Appendix 3 – Detailed results of systematic literature review searches

PsycInfo 574 10/01/11	Medline 1018 10/01/11	Embase 1360 10/01/11	Cinahl 643 11/01/11	Pubmed 208 11/01/11	CochraneLibrary 55 20/01/11	OpenSIGLE 0 14/01/11	ETHOS (Brit Lib) 3 17/01/11	Total: 4926 articles initially identified
Web of Science 1004 13/01/11		DART-Europe E-thesis portal 11 18/01/11		National Research Register Archive (NIHR) 39 18/01/11			CSA Illumina 11 21/01/11	



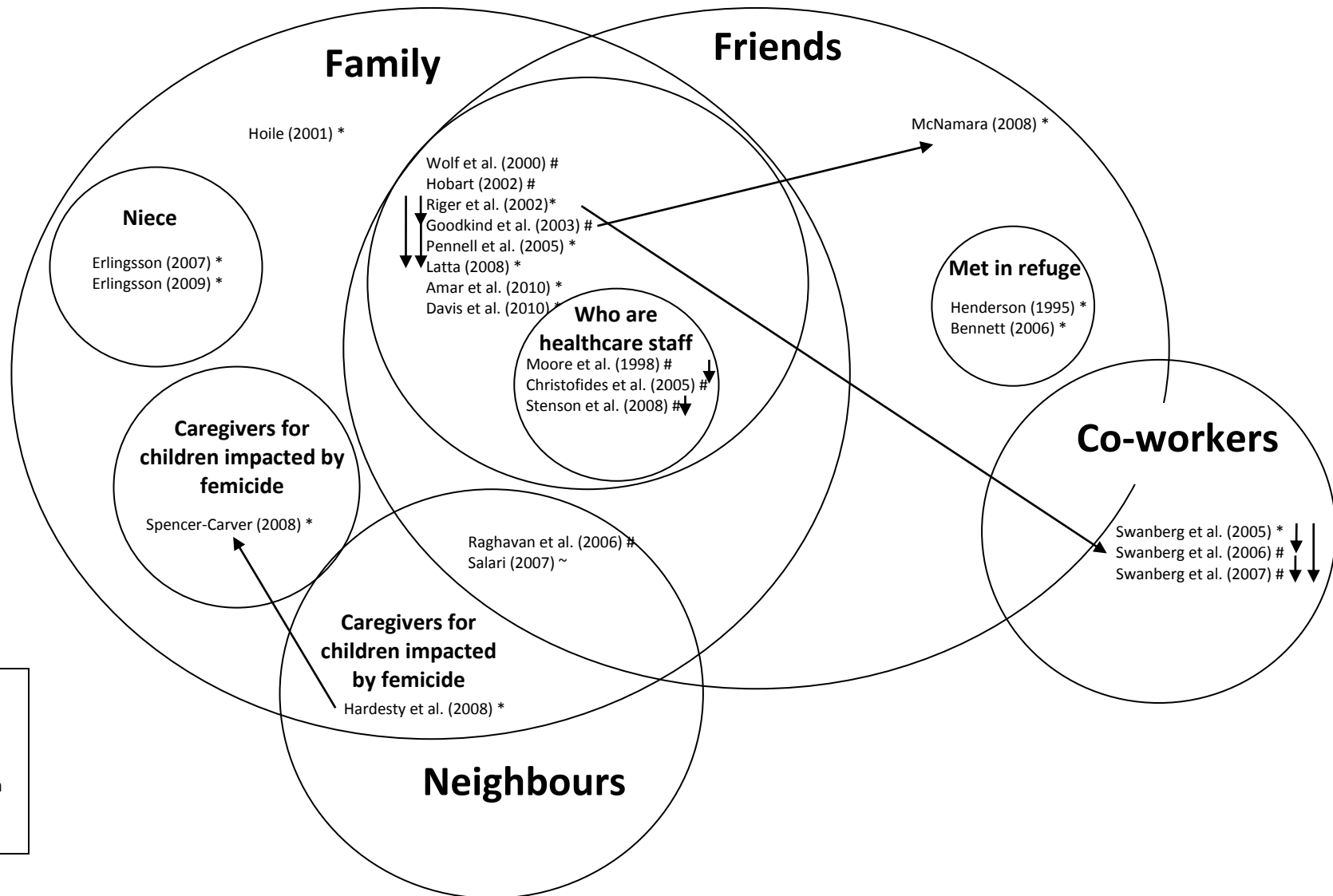
Appendix 4 – Systematic literature review: study characteristics

	Source article (N=24)			Type of article	Country setting	Sample N (age & gender)	Ethnicity	Design & method of data collection	Aim
	Author (s)	Year	Title						
1	Henderson	1995	Abused women and peer-provided social support: The nature and dynamics of reciprocity in a crisis setting	Journal article	Canada	Study 1 N= 8 (all women) Study 2 N=9 (all women) Survivors in refuge setting	Not stated	Secondary analysis from 2 studies - both using in-depth semi-structured interviews (Qualitative)	To explore the use of social support by abused women during their stay in a transition house, in particular the special role of reciprocal help-giving
2	Moore, Zaccaro, Parsons	1998	Attitudes and Practices of Registered Nurses Toward Women Who Have Experienced Abuse/ Domestic Violence	Journal article	USA	N=275 nurses in perinatal practice (all women - 71.4% aged 30 to 50)	94.3% White 5.4% Black 0.3% Other	Questionnaire administered to: 1) convenience sample and 2) mailed to nurses working in private offices (Quantitative)	To compare the education, attitudes and practices related to DVA of perinatal nurses, (including effect of personal/family history of DV on nursing attitudes and behaviours)
3	Wolf, Holt, Kernic, Rivara	2000	Who Gets Protection Orders for Intimate Partner Violence?	Journal article	USA	N=448 survivors in Seattle with police or court contact for IPV (all women - 90%aged 18-44)	Not stated	81.2% structured telephone interview, 18.8% self-administered paper copy of survey (Quantitative)	To compare the characteristics of victims of IPV with and without protection orders
4	Hoile	2001	Health Impact Assessment of Domestic Violence: Multi-Agency Pilot Research Project, Tendring District, Essex, UK	Health Impact Assessment report	UK	N=10 with experiences associated with IPA (all women)	All White	Semi-structured in-depth interviews (Qualitative)	To examine the impact of intimate partner abuse on victims, their families, and local service providers
5	Hobart	2002	"Tell the world what happened to me." Findings and Recommendations from the Washington State Domestic Violence Fatality Review	Review Paper	USA	N=308 cases of domestic violence fatality (women and men victims - aged between 12 and 81)	70% White 10% Black 10% Hispanic	In depth review of cases by fatality review panel since 1997 (Quantitative)	A summary of DVA fatality cases tracked and reviewed in depth, highlighting recommendations
6	Riger, Raja, Camacho	2002	The Radiating Impact of Intimate Partner Violence	Journal article	USA	N=15 survivors a year after being in a DV shelter (all women – aged 19- 38)	75% African-American	Life narrative interviews on 2 occasions (Qualitative)	To explore the impact of violence including a wide variety of aspects of the victim's life as well as the lives of those in her social world
7	Goodkind, Gillum, Bybee, Sullivan	2003	The Impact of Family and Friends' Reactions on the Well-Being of Women With Abusive Partners	Journal article	USA	N=137 survivors exiting a shelter (all women - ave age 29, 81% younger than 35)	47% African American 39% Non-Hispanic White 6% Hispanic 2% Asian/Asian American	Interview - battery of questionnaires (Quantitative)	To examine the degree to which battered women talked with family and friends about abuse, and how the family and friends responded
8	Christofides, Silo	2005	How nurses' experiences of domestic violence influence service provision: Study conducted in North-west province, South Africa	Journal article	South Africa	N=212 nurses working in primary and secondary care (all women - mean age 39.5, range 23-60)	Not stated	Face-to-face interviews using standardised questionnaire (Quantitative)	To determine whether nurses' experiences of domestic violence and abuse influence their management of DVA and rape cases

9	Pennell, Francis	2005	Safety Conferencing: Toward a Coordinated and Inclusive Response to Safeguard Women and Children	Journal article	USA	N=6 DVA survivors, staff, and supporters (all women)	Varied cultural and ethnic backgrounds (no further description)	Two focus groups (Qualitative)	To explores views of DVA survivors, staff and supporters on the creation of a decision-making forum called 'Safety Conferencing'
10	Swanberg, Logan	2005	Domestic Violence and Employment: A Qualitative Study	Journal article	USA	N=32 survivors employed during the past 2 years while experiencing DVA (all women - mean age 38, range 22-54)	69% White 22% Black 3% Native American 6% Other	13 individual interviews and 7 focus groups (+ brief demographic Q'aire and modified Conflict Tactics Scale) (Qualitative)	To explore how domestic violence and abuse affects women's employment, and specifically to identify types of job interference tactics used by abusers and the impact these have
11	Raghavan, Mennerich, Sexton, James	2006	Community Violence and Its Direct, Indirect, and Mediating Effects on Intimate Partner Violence	Journal article	USA	N=50 participants receiving 'Temporary Assistance to Needy Families' on a welfare-to-work program and with an admitted drug problem (all women - aged 20-45)	44% African American 44% European American 12% Native American, Hispanic, or biracial	Interview - battery of questionnaires (Quantitative)	To examine neighborhood-level factors as possible predictors of IPV
12	Swanberg, Macke, Logan	2006	Intimate Partner Violence, Women and Work: Coping on the Job	Journal article	USA	N=518 survivors with DVA orders who had been employed during the past year (all women – mean age 31, range 17-64)	78% White 17% Black 5% Other	Face-to-face interviews using standardised and created questionnaires (Quantitative)	To examine the types and frequency of behaviours used by violent partners to interfere with women's work, the overspill into the workplace, and workplace disclosure and response
13	Bennett	2006	How do the new friendships women make in a refuge help them cope with refuge life?	Masters Dissertation	UK	N=6 women residing in a DVA refuge over a 4-week period (all women)	Not stated	52 hrs participant observation and interaction on 13 occasions (Qualitative)	To explore the formation of friendships between women in refuge
14	Erlingsson	2007	Elder abuse explored through a prism of perceptions: Perspectives of potential witnesses	PhD Thesis	Sweden	N=1 niece witnessing abuse involving her elderly uncle and aunt (woman -mid-life)	Not stated	Individual narrative interviews at 2 time points (Qualitative)	To deepen understanding of elder abuse by exploring and comparing perceptions held by experts, older persons, representatives of support organizations, and family members.
15	Salari	2007	Patterns of intimate partner homicide suicide in later life: Strategies for prevention	Journal article	USA	N= 225 murder suicide events (women and men -at least one member of dyad aged 60+)	Not stated	Content analysis of IPHS news reports between 1999 and 2005 (Mixed Methods)	To explore patterns of IP homicide among dyads with at least one member aged 60+
16	Swanberg, Macke, Logan	2007	Working Women Making It Work: Intimate Partner Violence, Employment and Workplace Support	Journal article	USA	N=485 partner victimized women who were employed during the past year (all women – ave age 32 for employed women and 29 for unemployed women)	83% White 17% Black	Interview - battery of questionnaires (Quantitative)	To investigate whether there is an association between workplace DVA disclosure, receiving support and current employment status

17	Hardesty, Campbell, McFarlane, Lewandowski	2008	How Children and Their Caregivers Adjust After Intimate Partner Femicide	Journal article	USA	N=10 informants – 9 family members and 1 friend (women and men)	6 African American 3 White 1 Mixed (White/Latino)	Semi-structured in-depth interviews (Qualitative)	To explore children's and caregivers' adjustment after IPF using family stress theory
18	Latta	2008	Struggling to define my role: the experience of network members who intervened in intimate partner violence	PhD Thesis	USA	N=18 network members (16 women and 2 men – aged 22-60)	11 White 3 African American 2 Haitian American 1 Puerto Rican 1 Asian American	Semi-structured interviews (Qualitative)	To explore the experiences of informal network members in relation to their experience of intervening in intimate partner violence
19	McNamara	2008	Changed forever: Friends reflect on the impact of a woman's death through intimate partner homicide	Journal article	Australia	N= 5 friends of a female victim of intimate partner homicide (all women – aged in their forties)	Not stated	A single focus group (Qualitative)	To explore with a small group of female friends of a victim of intimate partner homicide how that woman's death has impacted upon them and their families
20	Spencer-Carver	2008	Social support for children who had a parent killed by intimate partner violence: Interviews with mental health workers	PhD Thesis	USA	N=6 mental health professionals who worked with children who had a parent killed by IPV (all women)	5 White 1 African American	Detailed open-ended face-to-face interviews (Qualitative)	To explore the social support that children and their families have had after the death of a parent from intimate partner violence
21	Stenson, Heimer	2008	Prevalence of experiences of partner violence among female health staff: Relevance to Awareness and Action When Meeting Abused Women Patients	Journal article	Sweden	N=588 hospital-based health workers (all women, aged 20-67)	Not stated	Anonymous self-completed questionnaires (Quantitative)	To examine prevalence and awareness of partner violence among female health staff and any associations with practice and knowledge
22	Erlingsson, Carlson, Astrom, Saveman	2009	Dilemmas in Witnessing Elder Abuse in Caregiving Situations: A Family Member Perspective	Journal article	Sweden	N=1 niece witnessing abuse involving her elderly uncle and aunt (woman -mid-life)	Not stated	Individual narrative interviews at 2 time points (Qualitative)	To explore an adult family member's experiences of witnessing family situations of elder abuse
23	Amar, Bess, Stockbridge	2010	Lessons from families and communities about interpersonal violence, victimization, and seeking help	Journal article	USA	N=64 college students (all women - aged 18-25)	31% African American, non-Hispanic 23% Caucasian, non-Hispanic 16% Hispanic 13% Other 11% Mixed race/multiracial 6% Asian/Pacific Islander	8 focus groups using a semi-structured interview guide (Qualitative)	To understand socially and culturally relevant factors associated with violence help seeking in college women
24	Davis, Taylor, Furniss	2010	Narrative accounts of tracking the rural domestic violence survivors' journey: a feminist approach	Journal article	Australia	N=9 survivors of heterosexual DVA living in rural Australia (all women, aged 18+)	Not stated	Semi-structured interviews (Qualitative)	First stage of project to determine the level of use and effectiveness of informal support networks of Australian rural women.

Appendix 5 – Systematic literature review: methodologies, links & participant groups



Appendix 6 - Systematic literature review: examples of quality appraisal outcomes

Latta - Struggling to define my role: the experience of network members who intervened in intimate partner violence		
90% criteria met – classification: high		
CASP criteria (qualitative research appraisal tool)	Assessment	Basis
1 Was there a clear statement of the aims of the research?	Yes	P1-11 explains the importance and relevance of the research and on p11 the aim is clearly stated.
2 Is a qualitative methodology appropriate?	Yes	The research seeks to explore subjective experiences and a rationale for using a qualitative approach is given on p77-8.
3 Was the research design appropriate to address the aims of the research?	Yes	On p77-9 The researcher justifies the use of a Grounded Theory approach and describes the theoretical frameworks on which the research is based.
4 Was the recruitment strategy appropriate to the aims of the research?	Yes	The researcher provides a justification and description of her sampling approach and explains to some degree why the participants selected were the most appropriate to provide the type of knowledge sought (p85-7). Recruitment procedures were also described (p89).
5 Were the data collected in a way that addressed the research issue?	Yes	There was description provided about how the data were collected, the setting, and the structure of the interviews (p94-5). The topic guide was provided in the appendices and the researcher mentions audio taping (p93, 95) and data saturation (p89). She also explains the evolving nature of the interviews.
6 Has the relationship between the researcher and participants been adequately considered?	Yes	The researcher discusses the need to be reflective (p78) and documents her own reactions to the interviews (p95). She also provides a personal description to illuminate for the reader how her background brought her to conduct this research and how it might have influenced her undertaking of it (p106).
7 Have ethical issues been taken into consideration?	Yes	Informed consent (p90-2) and confidentiality (p92-3) are discussed in detail and issues/resources around patient safety/wellbeing explained (p93, 96).
8 Was the data analysis sufficiently rigorous?	Unclear	There is an in-depth description of the analysis process (p96-106) including how the themes were derived from the data. A large number of quotes were provided including contradictory data. However, the researcher has not really explained how the data presented were selected from the original sample, nor has she referred back to her self-reflections to consider potential bias during the analysis and selection of data for presentation.
9 Is there a clear statement of findings?	Yes	There is a summary of findings (p212-15) and some discussion both for and against the researcher's arguments. The author also connects her work to previous research (p236).
10 How valuable is the research?	Yes	The researcher discusses implications for public awareness, for practice for campaigns and for DV professional (p246). She also identifies new areas where research is necessary and talks about the transferability of findings in her limitations section - i.e. about the underrepresentation of particular groups in her sample (p24-6).

Henderson - Abused women and peer-provided social support: The nature and dynamics of reciprocity in a crisis setting

30% criteria met – classification: low

CASP criteria (qualitative research appraisal tool)		Assessment	Basis
1	Was there a clear statement of the aims of the research?	Yes	The goal of the research, its importance and its relevance are stated on pages 117-8.
2	Is a qualitative methodology appropriate?	Yes	The research seeks to illuminate subjective perspectives and experiences and a rationale for using a qualitative approach is given on p121.
3	Was the research design appropriate to address the aims of the research?	Yes	The researcher has described and justified the research design on p121.
4	Was the recruitment strategy appropriate to the aims of the research?	Unclear	This was a secondary analysis of data from two studies and there was little explanation regarding how the participants for each of the studies were selected, why they were selected and no discussion about recruitment.
5	Were the data collected in a way that addressed the research issue?	Unclear	Whilst there was mention of the interview structure and the audio taping of interviews on p121, there was no justification for the setting of the data collection or for the methods chosen. In addition, there is no justification for the number of participants involved in the studies, and saturation of data was not discussed.
6	Has the relationship between the researcher and participants been adequately considered?	No	There is no mention of the researcher critically examining their own role and potential bias.
7	Have ethical issues been taken into consideration?	No	Ethical issues are not discussed in the paper and there is no mention of ethical approval.
8	Was the data analysis sufficiently rigorous?	Unclear	The analysis process is named (p121) but not justified and only brief description of the methods is given. There is no explanation about how the data presented were selected from the original sample, few quotes are used and contradictory data were not presented.
9	Is there a clear statement of findings?	Unclear	There is a statement of findings on p125 but the evidence both for and against the researcher's argument is not discussed. The researcher has also not discussed the credibility of their findings.
10	How valuable is the research?	Unclear	On p126 the researcher connects their research with existing dialogues but doesn't identify new areas for research or discuss whether or how the findings can be transferred to other populations.

Moore et al. - Attitudes and practices of registered nurses towards women who have experienced abuse/domestic violence
62.5% of the relevant criteria met - classification: Moderate

CASP criteria (adjusted case control study appraisal tool)	Assessment	Basis
1 Did the study address a clearly focused issue?	Yes	The objectives of the research are stated on p175-6 and the authors define the population being studied.
2 Did the authors use an appropriate method to answer their question?	Yes	Qualitative methodology and methods would also have been appropriate to explore attitudes and beliefs, but the questionnaire design that was used was not inappropriate.
3 Were the cases recruited in an acceptable way?	Unclear	Recruitment took place at perinatal nursing conferences and via mailed questionnaires to physicians' offices (p176-7). It is unclear whether these participants were representative of the defined population, and there are no details about non-respondents. In the limited demographic information provided, the proportion of participants recruited who were from ethnic minority groups seemed very low - 5.7% (p177).
4 Were the controls selected in an acceptable way?	N/A	N/A (not a case control study)
5 Was the exposure accurately measured to minimise bias?	N/A	N/A(not a case control study)
6 What confounding factors have the authors accounted for?	N/A	N/A (not a case control study)
7 What are the results of this study?	Yes	Details about the data analysis were included (p177) and the results were clearly expressed (p179-80).
8 How precise are the results?	Unclear	There are some small P values, but it is unclear whether the authors have considered other variables that could potentially mediate the findings reported.
9 Do you believe the results?	Yes	The results seem plausible and the design and methods are not inappropriate or sufficiently flawed to make the results unreliable.
10 Can the results be applied to the local population?	Unclear	The research was carried out within the US, so the participants were nurses within a private healthcare system. The authors provided a fairly limited amount of demographic data, and this indicated low recruitment from ethnic minority groups. It is unclear whether the participants were similar or different to the local population of nurses in the UK.
11 Do the results of this study fit with other available evidence?	Yes	The evidence fits with research that has been conducted since this study, particularly around the barriers that health professionals express about asking women about abuse. There is much less evidence about the impact of personal history of DVA on working practices of health professionals, and this study does not contradict those findings that do exist.

Appendix 7 – Final coding index for systematic literature review

Theme		Sub-themes				Papers
1	Physical health impacts	1.1	General physical health			17, 20,22
		1.2	Exhaustion			17, 18, 20
2	Negative impact on psychological wellbeing	2.1	Acute	2.11	Trauma	15, 17, 18, 19, 20, 22
				2.12	Shock	15, 18
				2.13	Fear	5, 6, 7, 17, 18, 19
		2.2	Chronic	2.21	Grief & loss	13, 17, 18, 19, 20
				2.22	Guilt, regret & shame	14, 17, 18, 19, 20, 22
				2.23	Sadness & hopelessness	7, 17, 18, 19, 20
				2.24	Reduced confidence	23
				2.25	Worry & concern	17, 18, 19
				2.26	Powerlessness & helplessness	7, 14, 18, 19, 22
				2.27	Isolation	18, 20, 22
				2.28	Anger	18, 19, 20, 22
				2.29	Frustration	7, 13, 18, 19, 20
3	Direct impacts from the perpetrator	3.1	Risk to physical safety		3, 5, 6, 10, 11, 12, 15, 17, 18, 24	
		3.2	Terrorisation & threats		3, 5, 6, 7, 10, 12, 16, 18	
		3.3	Harassment		4, 5, 6, 10, 12, 16, 18	
4	Beneficial impacts on psychological wellbeing	4.1	Validation of progress		1	
		4.2	Increased self-esteem		1, 13	
		4.3	Altruism & Sensitisation to the needs of others		2, 8, 10, 17, 18, 19, 21	
		4.4	Self-revelation & Heightened awareness		1, 13, 19	
		4.5	Reciprocity		1, 9, 11	
		4.6	Inner strength		17, 18	
		4.7	Closer relationship to God		17	
5	Practical impact	5.1	Providing care and support for children		1, 6, 7, 13, 17, 18, 20	
		5.2	Impact on finances and work		6, 7, 17, 20	
		5.3	Disruption of daily rhythm		15, 17	
		5.4	Dealing with authorities		18, 20	
		5.5	Providing accommodation		5, 6, 7	

Appendix 8 – Systematic literature review: breakdown of themes by article

	Author/Code	Physical health impacts		Negative impact on psychological wellbeing												Direct impacts from the perpetrator			Beneficial impacts on psychological wellbeing							Practical impact				
		1.1	1.2	2.11	2.12	2.13	2.21	2.22	2.23	2.24	2.25	2.26	2.27	2.28	2.29	3.1	3.2	3.3	4.1	4.2	4.3	4.4	4.5	4.6	4.7	5.1	5.2	5.3	5.4	5.5
1	Henderson																		X	X		X	X			X				
2	Moore et al.																				X									
3	Wolf et al.															X	X													
4	Hoile																	X												
5	Hobart					X										X	X	X												X
6	Riger et al.					X										X	X	X								X	X			X
7	Goodkind et al.					X			X			X			X		X									X	X			X
8	Christofides et al.																				X									
9	Penell et al.																						X							
10	Swanberg et al.															X	X	X			X									
11	Raghavan et al.															X							X							
12	Swanberg et al.															X	X	X												
13	Bennett						X								X					X		X				X				
14	Erlingsson							X				X																		
15	Salari			X	X											X												X		
16	Swanberg et al.																X	X												
17	Hardesty et al.	X	X	X		X	X	X	X		X					X					X			X	X	X	X	X		
18	Latta		X	X	X	X	X	X	X		X	X	X	X	X	X	X	X			X			X		X			X	
19	McNamara			X		X	X	X	X		X	X		X	X						X	X								
20	Spencer-Carver	X	X	X			X	X	X				X	X	X											X	X		X	
21	Stenson et al.																				X									
22	Erlingsson et al.	X		X				X				X	X	X																
23	Amar et al.									X																				
24	Davis et al.															X														

Appendix 9 – Qualitative interview topic guide (final)

On the outside looking
in: the shared burden of
domestic violence



Interview topic guide

Stage 1 – Getting started

- **Welcome** participant (ask about their journey here etc.) and **thank** them for attending
 - **Introduce** self
 - Check **understanding of participant information sheet and consent form**
 - Ask participant **to sign consent form (x2)**
 - Remind them that the interview will be **digitally recorded** and that I may **jot** down some notes, **and glance at my question sheet** to keep us on track
 - Give opportunity for **questions**
 - Let them know that they can **choose another name for their 1) friend OR 2) family member**
-

Stage 2 - Introduction of research and participant characteristics

- Remind participant that if they have any **questions** need clarification or want to take a **break** then to let the researcher know **at any time**. Also, that if there are **any questions that they do not want to answer**, to simply say so.
 - Explain that because there isn't much research in this area that I am **trying to speak to a wide variety of people about the subject** and, that it is **helpful to ask them a few questions about themselves** at the start to get to know them a bit better.
 - **Fill in participant data form 2 with participant** (remind them that it's fine if there are questions they would prefer not to answer) – can offer apology
 - Ask them if they feel there is anything else that they would like to say about themselves?
 - Introduce how the interview will go: '**now that we've completed this form we'll move on to some more detailed questions about the situation with your 1) friend OR 2) family member**'
 - Check they are **ready to start** (subtly **turn digital recorder** on)
-

Stage 3 - Establishing rapport

- Ask the participant to remind you **how they heard about the study**
- Ask **why they felt they wanted to take part** in the research?

Stage 4 – Body of interview

Moving on to the more **in-depth** questions.....

- Explore the participants' relationship with the 1) friend or 2) family member who is in an abusive relationship. **Could you tell me a bit about your relationship with your 1) friend OR 2) family member?**

- nature of relationship?
- how long known them?
- When did relationship start?
- closeness of relationship e.g. how often see them etc.?

- Explore the domestic violence

"The main interest of this research is how you think having a 1) friend OR 2) family member in a situation of domestic violence has impacted on you, but first to give some context it makes sense that we talk a bit about the DV itself."

Could you tell me a bit about that relationship?

- historical/current?
- how long has/had the abusive relationship been going on?
- when, where etc?
- if survivor left relationship, when?
- worst incident that they knew about?
- other incidents/behaviour that they suspected/ survivor kept hidden?

- Explore their awareness of what was/is happening

- **How did you find out about the DV?**
- when did they find out?
- survivor knows/knew that they were aware?
- initial reaction/feelings to finding out? **How did you feel when you found out?**

- Explore changes and impacts

- impacts that they have noticed in their own life:
 - well-being/psychological health? (+ve and –ve) – **looking back, can you remember how it make you feel?** – acknowledge the difficulty in describing
 - physical health? (+ve and –ve)
 - direct abuse from the person who has abused the survivor? (+ve and –ve)
 - practical impacts? (+ve and –ve)
- effect on self and relationship with survivor during period when they stayed in relationship? **How did it affect you? How did it affect your relationship with X?**
- changes to their relationship with survivor since DV?
- changes to their relationships with others since DV? **Were there any impacts on your own relationships?**

- examples of how things have changed for them as a result of knowing about the abuse?
Did you notice any changes for you as a result of knowing about this?
- Explore help-seeking – **how did you cope?**
 - informal sources of help to participant? (helpful/unhelpful?)
 - formal sources of help to participant? (helpful/unhelpful?)
 - ease of access to services?
 - **What do you think would have been useful?** What services should be in place?
- Explore involvement with survivor
 - still in touch? **Are you still in touch with X?** If not, due to DV events?
 - **how is that relationship now?**
 - level of involvement?
 - any support offered/interventions?
- Other related experiences
 - **Was this the first situation of DV you ever knew about?** (i.e. known others in this situation, own history etc)

Stage 5 – Closure of interview

- Explain that you want to **briefly look through question sheet to check that you've covered all the questions** (quick check, if any missed, return to questioning or ask participant to expand on previous answer)
- Let the participant know that that's **the end of the questions** and ask them if there is **anything else** they feel they'd like **to say or add?**
- Ask the participant if there were **any questions that were confusing or difficult to answer?** (If so, which? and in what ways?)
- Ask the participant if there were any questions that were of particular interest to them (If so, which? and in what ways?)
- Ask the participant if they'd like to **choose a pseudonym for themselves** (explain rather than just using numbers, they can choose a name)
- Check with the participant **how the experience has been and how they are feeling**
- **Thank them** for taking part (**turn off the digital recorder**)

Offer the participant the Participant Support Sheet

Appendix 10 – Qualitative interviews: confirmation of ethics approval

Dr. Emma Williamson, <E.Williamson@bristol.ac.uk>
to A, Zaheda

Thank you. On that basis I am happy to provide ethical approval on behalf of the committee. Please treat this email as confirmation that approval has been given. If you require a formal letter of approval please contact Zaheda directly.
Thanks, Emma.

p.s. if you want to meet I am back in on 25th June.

--On Thursday, June 14, 2012 3:59 PM +0100 A Gregory <alison.gregory@bristol.ac.uk> wrote:
Hi Emma,

I can confirm that I will remove the NHS NIHR logo on the consent form and will not recruit via NHS sites until the issue has been checked.

Best wishes
Alison

Alison Gregory
Researcher and PhD Student
Centre for Academic Primary Care
School of Social and Community Medicine
University of Bristol
Canyng Hall
39 Whatley Road
Bristol BS8 2PS

Tel: 0117 9287352

--On 14 June 2012 15:51 +0100 "Dr. Emma Williamson,"
<E.Williamson@bristol.ac.uk> wrote:

Hi Alison,
Thank you for submitting your application to the SPS Research Ethics Committee and apologies for the delay in getting back to you. I have now had a chance to collate the views of the committee and we have a few minor issues which we would like you to address.

1) The first issue relates to whether it will be possible, without NHS ethics approval, to recruit via posters in NHS sites. As the current guidance on the changes is relatively new on this we feel this is something which would need to be checked out. However this is not your first port of call and approval could be given for recruitment via the other sites in the meantime.

2) Related to the above comment it was not felt appropriate to have the NHS NIHR logo on the consent form as this could imply the study had undergone NHS NRES approval.

I am on leave from tomorrow until 25th June, but will check my email. If you can confirm that you are happy to remove the logo and won't recruit via NHS sites until the issue has been checked then I can give ethical approval for you to start.

Thanks, Emma.

Dr. Emma Williamson, Research Fellow.
Centre for Gender and Violence Research
www.bristol.ac.uk/sps/genderviolence

University of Bristol,
School for Policy Studies,
8 Priory Road,
Bristol, BS8 1TZ.

Tel: 0117 9546788
E.Williamson@bristol.ac.uk

Appendix 11 – Qualitative interviews: recruitment protocol

On the outside looking
in: the shared burden of
domestic violence



Recruitment protocol

Purpose

This protocol is designed to aid both consistency, and to ensure safety, for participants during the recruitment process of the study.

Initial contact

At the outset participants will essentially be self-selecting; having responded to community based advertisements or responded to a flier from a friend or family member who is a survivor. Therefore they will instigate the initial contact with the researcher by phoning the researcher's work mobile phone number. This phone has a private voicemail so that potential participants can leave messages at times when the researcher is unavailable to take calls.

First Conversation

Scenario 1 – where the potential participant calls the researcher

When a potential participant phones the following steps will be taken:

- 1) The safety screening procedure in Appendix i will be followed to ensure that the participant is willing and able to speak freely.
- 2) The study screening tool in Appendix ii will be followed to ensure that the participant is eligible for the study.
- 3) The researcher will discuss the details of the study with the potential participant, including the reason for the research, what will be required of them, confidentiality and the possible advantages and disadvantages of taking part.
- 4) If the potential participant is willing to be interviewed, the researcher will set up a time and location for the research interview, and take details of a safe address to which she can send the participant information sheet and the consent form (a minimum of 48hrs is to be allowed between receipt of the information and the arranged interview).
- 5) The researcher will complete participant data form 1 with the potential participant.

- 6) The researcher will then remind the potential participant of their contact details in case they need to cancel or have any questions. The researcher will also offer to call the potential participant to remind them about the interview the day before. The researcher will thank the person for their time.

Scenario 2 – where the researcher calls the potential participant (following a voicemail message)

The researcher's voicemail message will ask potential participants to indicate when it is safe to call them. The researcher will adhere strictly to calling at the stated times.

When the researcher rings the potential participant the following steps will be taken:

- 1) The researcher will ask "*may I speak with [name]?*" (the person answering may not be the potential participant and may even be a perpetrator of abuse).
- 2) If the researcher is asked why they wish to speak to the person, they will respond by saying that it is in relation to a research project. If questioned further the researcher can say that it is a study about 'health'. If the phone is not handed over to the potential participant, the researcher will tell the person that they are unable to discuss the study in any more detail and that they will ring back on another occasion.
- 3) If the researcher is able to speak to the potential participant, they should follow steps 1-6 from 'Scenario 1'.

If the potential participant is ineligible, record their details in the database with the reason for ineligibility e.g. perpetrator under 16.

If the potential participant is eligible, record their details in the database.

Mailing Information

Following the telephone call, the researcher will mail out an envelope to the potential participant containing the participant information sheet, the consent form and a letter which confirms the previous conversation and details of the arrangements made (time, date, location of meeting etc.)

Face-to-Face meeting

Before the meeting

If requested, the researcher will ring the participant the day before the interview as a reminder.

The researcher will assemble a recruitment pack consisting of the participant information sheet, the participant support sheet and 2 x consent forms.

The researcher will obtain a £10 gift voucher to take and sufficient petty cash to cover the reimbursement of the participant's travel expenses.

The researcher will ensure that all equipment is ready and working e.g. digital recorder having sufficient battery life, mobile phone charged etc.

The researcher will follow the 'researcher safety protocol' regarding the 'checking-in' system and advance information gathering re venue etc.

At the meeting

The researcher will:

- 1) Ask the participant if they have read the participant information sheet
- 2) Cover the main points of the participant information sheet again, particularly those relating to confidentiality
- 3) Talk through the consent form
- 4) Ask the participant if they have any questions
- 5) Ask the participant, if they are willing to consent
 - If the potential participant is unwilling to consent, thank them for their time and make a note of any reason given for non-participation. Give the person the £10 gift voucher and reimburse them for their travel expenses. (record non-consent in database).
 - If the potential participant is willing to consent, ask them to initial the boxes on both consent forms and sign the bottom. Hand one copy to the participant and keep one for the researcher.
- 6) If the participant has consented to take part, conduct the interview.

On returning to the office

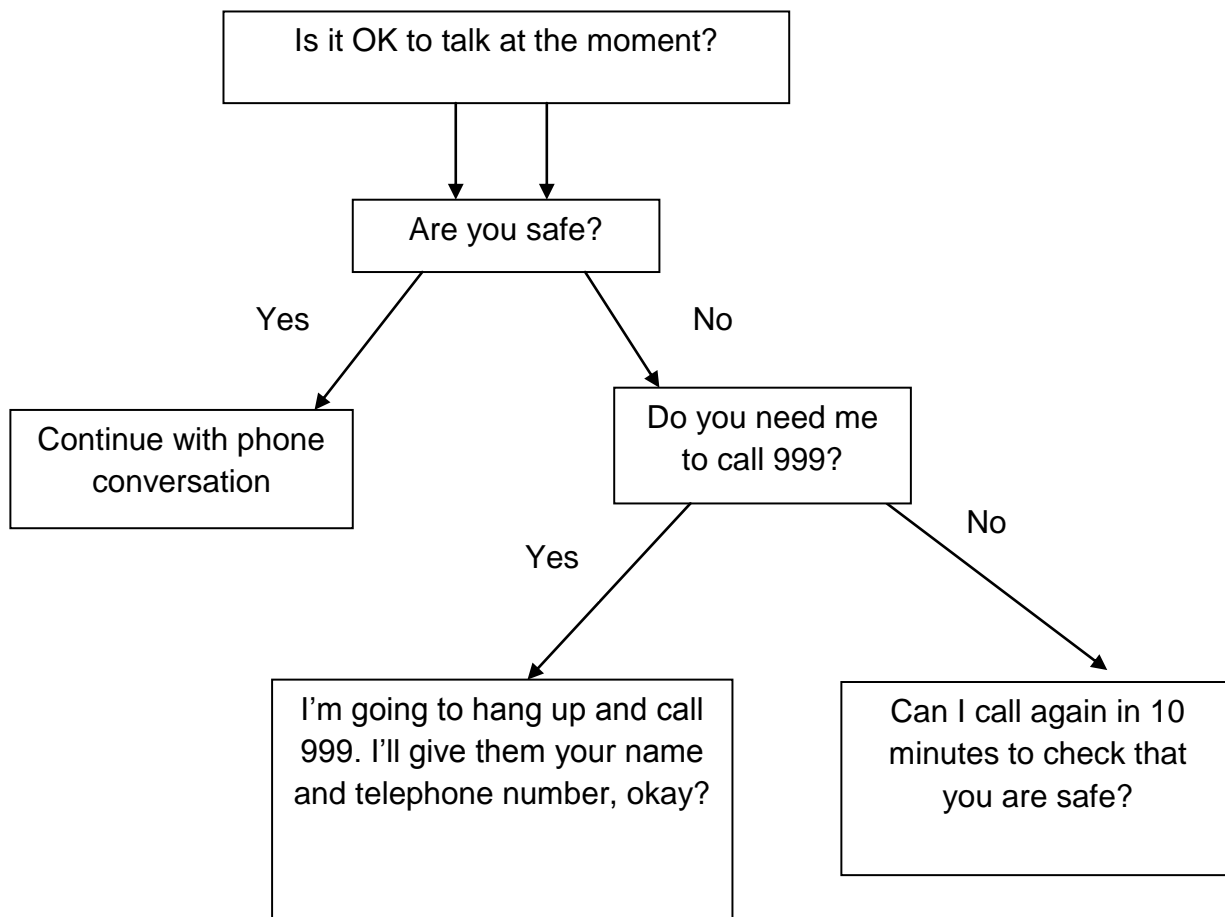
The researcher will:

- 1) Complete the relevant sections of the study database
- 2) Download the audio recording
- 3) File the participant consent form securely (in a locked filing cabinet)

Appendix i

Safety Screening Procedure

- “Hello, this is Alison Gregory”
- “I am calling from the University of Bristol about the study on the impact of abusive relationships on friends and family members”
- “Before we start, I’m going to ask you a series of questions to make sure that you are currently safe. Please just answer ‘yes’ or ‘no’”



Appendix ii

Study Screening Tool

- “Thanks for responding to the flyer/poster/article, and for your interest in this study. “
- “My name is Alison Gregory and I’m a PhD student at the University of Bristol. “
- “Just to remind you, I’m interested in learning about the impact that abusive relationships have on the friends and family members of the women in those relationships.”
- “I need to ask you a couple of questions to make sure that you qualify for the study:
 - 1) How did you hear about the study?
 - 2) Are you 16 or older?
 - 3) The flyer asked if you have a friend or family member who is in an abusive relationship. Is the person who you are thinking about female? Is she 16 or older?
 - 4) Is the person who is being abusive, a partner to the woman or a family member? Are they 16 or older?”

If the individual answers ‘no’ to any of question 2-4 above, they DO NOT qualify for the study. Thank them for their time and interest and let them know that they do not have the particular experience that you are looking for in this study. Offer to signpost them to resources relevant to their situation (helpline numbers, websites etc.).

If the individual DOES qualify for the study, continue with recruitment according to the protocol.

Appendix 12 – Qualitative interviews: participant support sheet

Participant support sheet

Thank you for the time you've spent taking part in this study. We hope that the results of this research will help us to better understand the impacts of abusive relationships on the friends and family members of survivors.

The questions in this interview may have raised some difficult issues for you, which may be upsetting or confusing. You may find it helpful to contact one of the organisations listed below for support and the opportunity to talk further. Alternatively you can ring Alison Gregory (the researcher who interviewed you) on [REDACTED] and she will help you to find an organisation that can support you.

Useful Names and Addresses

Specialist domestic violence & abuse support services:

Next Link Domestic Abuse Support Services 0117 9250680 Specialist domestic abuse services for women and children in Bristol	Bristol Domestic Abuse Helpline 0800 6949999 Free, confidential helpline for male or female victims in Bristol
National Domestic Violence Helpline Freephone 0808 2000247 (24hr) Free 24hr confidential helpline for women experiencing domestic violence, and their friends, family and co-workers	Survive 0117 9612999 Support for women and children experiencing domestic violence and abuse in South Gloucestershire and Bristol
WISH 0117 9038632 Services for young people (aged 11-24) who are using or experiencing abuse in their relationships	Men's Advice Line 0808 8010327 www.mensadviceline.org.uk Help and support for male victims of domestic violence
Broken Rainbow 0300 9995428 Support for lesbian, gay, bisexual and transgender (LGBT) people experiencing domestic violence	Respect Perpetrators' helpline Freephone 0808 8024040 Support and advice for anyone who has concerns about their abusive behaviour towards their partners

Counselling services:

British Association for Counselling & Psychotherapy (BACP) - Counsellor Directory www.itsgoodtotalk.org.uk/therapists/ Searchable online database of qualified, registered counsellors & psychotherapists	Womankind 0845 4582914 Telephone helpline/counselling & therapy service for women in the Bristol area
Network 0117 9507271 An affordable counselling service for people who live in Bristol and the surrounding areas	Listen-in Community Counselling Service 0117 3314359 Low cost counselling service serving the community in Bristol

Other useful numbers:

Domestic Violence Legal Advice Helpline (24-hour) 0117 9045999 Helpline run by Lyons Davidson Solicitors	Avon & Somerset Constabulary (Police) Emergency: 999 Police Headquarters: 101 Domestic Abuse Referral Team (DART): 0117 9454307
Parentline Plus Freephone 0808 8002222 Providing help and support in all aspects of family life	Childline Freephone 0800 1111 (24 hr) Free confidential helpline for all children and young people
The Samaritans 08457 909090 (24 hr) Confidential support for everyone	Relate – Bristol 0117 9428444 Relationship advice and support for all

Appendix 13 – Qualitative interviews: participant consent form



On the outside looking in: the
shared burden of domestic violence

Study ID

Participant Consent Form

We need to ask you to sign to show that you understand what taking part in this study will mean and that you are willing to do so.

Please read this consent form carefully and put your initials in the boxes next to the items you agree with and give your consent to.

Please initial boxes, example:

NF
Correct

✓
Incorrect

Please initial box

1. I confirm that I have read and understand the information sheet for the above study, and that I have had chance to consider the information and to ask any questions.
2. I understand that taking part in the research interview is voluntary, that I can change my mind about it, and that I am free to leave at any time.
3. I understand that I can ask for the research interview to be stopped, or to withdraw from the research, without having to give a reason.
4. I understand that the research interview will be recorded digitally and that the recording will be stored securely at the University of Bristol.
5. I understand that the typed up report of the interview will be anonymised and that I will not be identifiable in any written reports, articles or presentations resulting from the research.
6. I understand that my personal details (such as my name and address) will be treated with strict confidence, will be stored securely at the University of Bristol, and will not be passed on to anyone outside of the study team.
7. I understand that the information I share will be kept confidential and I agree to the University of Bristol recording and processing information about me for the research purposes described in the information sheet relating to this study.
8. I understand that if the researcher has serious concerns about my safety or that of any children I may mention that she may need to share this concern with an appropriate agency, which she will discuss with me first.
9. I understand that at the end of the study, my interview data will be stored for 10 years in a secure facility at the University of Bristol.
10. I agree to take part in the above study.

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

Name of participant

Date

Signature

Name of person taking consent

Date

Signature

My wishes for involvement in this study and other related domestic violence research studies:

Please tick

1. I would like to receive a summary of the research findings once the study has finished.
2. I agree that you may contact me about other research studies which look at how domestic violence affects friends and family members. I understand that I am under no obligation to take part in any future research and would be given full information before making a decision.

Yes

No

Yes

No

Appendix 14 – Qualitative interviews: confidentiality protocol



On the outside looking in: the shared
burden of domestic violence



Confidentiality Protocol

Purpose

Researchers have a responsibility to uphold confidentiality regarding the involvement of, and the information shared by, participants during the research process. However, there are some rare circumstances when the researcher may have to break the agreement of confidentiality with the participant, for example when legal mandates need to take precedence. Along with health professionals, researchers are required by law to declare information that concerns terrorism, drug trafficking offences and safeguarding issues. Safeguarding includes situations of serious risk to the safety of any person (including the participant), and particularly children and vulnerable adults.

This protocol is concerned with the procedures involved with participant confidentiality.

Communicating Confidentiality

The participant information sheet and the participant consent form both contain explanations regarding the limits of confidentiality and the researcher's obligations to disclose information of an unlawful nature. The participant will receive the afore mentioned information at least 48 hours prior to the interview and the researcher will check that the participant has both read the information, and feels that they understand it, prior to the start of the interview. The researcher will reiterate some of the messages in the participant information, including the issues around, and limits of, confidentiality, and the participant will have opportunities to ask any questions they may have.

Breaking Confidentiality

Should the situation arise where the researcher needs to break the confidentiality of the participant, the following steps will be adhered to:

- 1) If appropriate the researcher will indicate to the participant that part of the information they have shared has given them cause for concern, that they feel they have an obligation to pass on the information, and that they will need to speak to their supervisors (Professor Gene Feder and Dr Emma Williamson) about how to proceed. Inappropriate circumstances for sharing this information with the participant would be if the researcher felt it would compromise their own safety or that of others to do so.

- 2) The researcher will discuss the issue with her supervisors as soon as possible after the incident, flagging up that it is a matter of some urgency (the researcher has personal contact numbers for her supervisors in addition to work contact details, so that she can get in touch quickly should the need arise).
- 3) The researcher's supervisors will help the researcher to make a decision about whether confidentiality needs to be broken and to decide who to inform regarding the information shared.
- 4) If at all possible, and if appropriate, the researcher will attempt to contact the participant to let them know that it is necessary to break their confidence, and to let them know with whom the information will be shared. Inappropriate circumstances for sharing this information with the participant would be if the researcher felt it would compromise their own safety or that of others to do so.
- 5) The researcher will contact the relevant organisation, e.g. police, social services, and share the information of concern.
- 6) The researcher will document the incident.

Appendix 15 – Transcriber confidentiality agreement



**On the outside looking in: the shared
burden of domestic violence**

3rd Party Confidentiality Agreement

Confidentiality of recorded material

I, Catharine Elliott, understand that the contents of the digital audio recordings of interviews that I listen to and transcribe for Alison Gregory's PhD research – "On the outside looking in: the shared burden of domestic violence" - between November 2012 and May 2013 are confidential. I will only discuss the contents of the digital recordings with Alison Gregory, and not with anyone else either within or outside of the University of Bristol.

Once the transcriptions have been safely received and acknowledged by Alison Gregory, I will ensure that the data files and transcriptions are removed from my computer memory.

I understand that if I have any serious concerns about the way the research is being carried out, I should contact Alison's supervisors, Professor Gene Feder (tel: 0117 9287282) and Dr Emma Williamson (tel: 0117 9546788) as soon as possible.

Signed. 7 November 2012
.....

Date: 

Appendix 16 – Qualitative interviews: researcher safety protocol



**On the outside looking in: the shared
burden of domestic violence**



Researcher Safety Protocol

Purpose

This protocol is concerned with the avoidance and minimisation of risks associated with this research project. Situations of domestic violence can be chaotic, unpredictable, volatile and dangerous. Risks to the researcher should be considered for a number of reasons:

- Research participants are self-selecting and have not been recruited via other agencies; therefore no advance risk assessment is possible. In particular, it may be difficult to distinguish where potential participants are in fact perpetrators of violence and abuse.
- Research participants may have difficult histories of abuse themselves, and may be experiencing serious emotional distress and/or threats to their own physical safety.
- Research participants may be in conflict with services and/or family members, and the researcher may be viewed as linked with these (and therefore in some way representative of them).

It is not possible to foresee all the possible difficulties that may occur, but risks of harm may be both physical due to being present in unpredictable and emotionally charged situations, and emotional due to working with people who may disclose unsettling or distressing information.

Physical safety

In order to minimise the risks to physical safety, the researcher will:

- Not interview participants in their own home.
- Interview participants in staffed university or community-based premises.
- Investigate transport options in advance (e.g. route planning, bus times, parking situation etc.)
- Always carry a work mobile phone to interviews which is regularly recharged and has emergency contact numbers set to speed dial.
- Always carry a personal alarm to interviews.
- Never give participants their own personal information such as home address, home telephone number or personal mobile number.
- Only take minimal and necessary valuables to the interviews.
- In circumstances where non-university premises are used, reception staff at each venue will be notified by the researcher of their arrival and departure times, and the room location where the interview will be taking place.

- Where possible, and appropriate, position themselves near the exit of the interview room.
- Wear comfortable clothing and shoes with flat soles in case a quick escape is necessary.
- Operate a 'checking-in' system (see below) so their whereabouts is known whilst conducting interviews.

'Checking-in' system (see form appendix i)

Before each visit, the researcher will inform a colleague (contact person) of:

- The start and end times for the research visit.
- The full address and telephone number of the interview venue.
- The name, address and telephone number of the interviewee (in a sealed envelope to preserve confidentiality, but to provide access to the details should the need arise).
- The researcher's mobile phone number.
- An emergency contact number for the researcher (someone known to the researcher who is willing to be contacted in case of emergency).
- The specified time that they intend to telephone the colleague at which the interview is likely to be complete.
- A code phrase between the researcher and their contact to be used if the researcher feels that they may be at risk and require immediate support without alerting the participant or others (e.g. "could you find the red folder for me")

At the agreed time the researcher will telephone the contact person to let them know that the interview is complete and that they have left the interview location, or, if the interview is to continue, to notify the colleague of the new intended time of completion at which they will again ring the contact person.

Response when the researcher indicates that she feels unsafe or where the contact person has been unable to get in touch

If the code phrase is stated by the researcher, the contact person should call 999 at the end of the call, and pass on the information about interview location, participant etc. to the police.

If the contact person does not get a call from the researcher at the expected pre-arranged time, they must phone the researcher's mobile phone. If there is no reply, the contact must telephone the number for the interview venue and ask to speak to the researcher. If there is no reply from the interview venue, the contact must try the researcher's mobile phone number again. If there is still no reply, the contact person must call 999 and pass on the information about interview location, participant etc to the police.

Emotional wellbeing

This kind of work is emotionally demanding, so the following steps will be taken to ensure that the researcher is adequately supported:

- Where possible, the researcher will limit herself to one participant interview per day.

- The researcher will consider after each interview whether a time of debrief is necessary with her supervisors (Professor Gene Feder and Dr Emma Williamson) and/or Sue Penna (a counsellor with expertise in the field of domestic violence) by phone or in person. Where possible, this should happen within 48 hours of the visit.
- In regular supervision meetings, the researcher will have the opportunity to discuss any emotional aspects of the work, addressing any particular issues that have arisen.
- In quarterly debriefing sessions with Sue Penna (a counsellor with expertise in the field of domestic violence), the researcher will have further opportunity to discuss any emotional aspects of the work, addressing any particular issues that have arisen.
- If after debriefing, the researcher is still in need of support, she can access the University of Bristol student counselling service (www.bristol.ac.uk/student-counselling/) who can usually arrange appointments within a week.

The potential for impact on the emotional wellbeing of those involved in the transcription of the interviews is noted, particularly due to the immersive nature of the work. They will therefore be offered support, the opportunity to debrief and access to counselling.

Appendix i

**On the outside looking in: the shared
burden of domestic violence**

Out of office research interviews: contact details and call-in form

1 copy to designated contact person

1 copy with researcher

Leave the name, address and telephone number of the interviewee (in a sealed envelope to preserve confidentiality, but to provide access to the details should the need arise) with the designated contact person.

Researcher's name	
Day and date of interview	
Location of interview inc. address	
Telephone number of interview location	
Estimated start time of interview	
Estimated finish time of interview	
Researcher's mode of transport	
Researcher's mobile telephone number	

Call-in information:

Name and phone number of designated contact person	
BOX A	
Time that researcher will call designated contact person after the interview	
BOX B	
Designated contact person sign here to show that researcher is safe	
BOX C	
Time that designated contact person should call researcher if BOX B not completed	
BOX D	
Time that designated contact person should call police if BOX B not completed	

Instructions to designated contact person

- 1) If researcher does not call to report safe, then at time in **BOX C**, call the researcher on their mobile phone number.
- 2) If no response, call the interview location and ask to speak to the researcher.
- 3) If no response, try calling the researcher again on their mobile phone number.
- 4) If no response, at time in **BOX D**, stay calm and do the following:

Call **999**

Explain the situation calmly to the police

Give the police:

1. YOUR NAME
2. YOUR PHONE NUMBER
3. RESEARCHER'S NAME
4. RESEARCHER'S MOBILE PHONE NUMBER
5. LOCATION AND ADDRESS OF INTERVIEW
6. THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE RESEARCH PARTICIPANT (open sealed envelope)
7. EXPECTED TIME OF INTERVIEW ENDING

Ask the police to visit the interview location to check that the researcher is alright.



Do you have a female friend or family member who has experienced domestic violence*?

Would you like to speak to a researcher about the impact that this may have had on you?

If you are aged 16yrs or over and would like to take part in a 1-1½ hour confidential research interview to talk about your experience, please call Alison Gregory for more information on: [REDACTED] (if Alison is unavailable you can leave a message on a private voicemail).

Your travel costs to the research interview will be paid and you will receive a small gift voucher as a ‘thank you’ for taking part.

* ‘Domestic violence’ is threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between people who are or have been intimate partners, or are family members – for this research only domestic violence between adults is included.

Appendix 18 – Qualitative interviews: participant data form



On the outside looking in: the shared
burden of domestic violence



University of
BRISTOL

Study ID

Participant Data Form 1

(to be completed during telephone conversation)

Participant Name: (first name then surname)	
Participant Address:	
Who else lives at this address?	
Safe telephone number 1:	
Safe telephone number 2:	
Safety considerations:	
Contact day before interview as a reminder?	Yes / No

Participant Data Form 2

(to be completed during interview)

Study ID?	
Gender?	
Age?	
Ethnicity?	
Occupation? (f/t, p/t, student, voluntary work, carer)	
Education?	
Sexuality?	
Religion?	
Relationship to survivor?	
Any other information?	

Appendix 19 – Qualitative interviews: participant information leaflet

<p>The researcher will talk about the results to other professionals and members of the public at conferences. Copies of everything written will be available from the researcher (details on the front of the leaflet).</p> <p>You will not be identified or recognisable in any of the reports or presentations from this study.</p> <p>Will I be approached about taking part in any other studies?</p> <p>If you decide to take part in this research, we will ask you whether or not you would like us to contact you about other research studies which look at how domestic violence affects friends and family members. We will only contact you about these studies if you want us to.</p> <p>Who is organising and funding the research?</p> <p>The research is being organised by Alison Gregory, a PhD student, who works at the University of Bristol in the Centre of Academic Primary Care. The National Institute for Health Research (NIHR) funds the research.</p> <p>Has anyone checked that the study is well-designed and ethical?</p> <p>The Research Ethics Committee in the School for Policy Studies at the University of Bristol has assessed whether the study</p>	<p>protects your safety, rights, wellbeing and dignity.</p> <p>What if there is a problem?</p> <p>If you have concerns about any aspect of the study, please contact the researcher (details on the front of this leaflet) and she will do her best to answer your questions. If you do not want to speak to the researcher, or you wish to make a complaint, you can contact Professor Gene Feder – telephone 0117 9287282 or e-mail gene.feder@bristol.ac.uk</p> <p>What do I do now?</p> <p>Thank you for taking time to read this information leaflet, and for considering taking part in the research. If you are happy to take part, please attend the appointment that you have arranged with the researcher. If you would prefer not to take part, please contact the researcher to let her know.</p> <p>If there is anything that you do not understand or if you would like more information, please contact Alison Gregory (details on the front of the leaflet).</p> <p>Please keep this information leaflet</p>	<div data-bbox="1447 304 1630 464" data-label="Image"> </div> <div data-bbox="1753 346 2000 440" data-label="Image"> </div> <h3 data-bbox="1447 523 1984 671">On the outside looking in: the shared burden of domestic violence</h3> <p data-bbox="1491 727 1928 756"><u>Participant Information Sheet</u></p> <p data-bbox="1447 783 1720 807">Invitation to participate</p> <p data-bbox="1447 831 1971 1114">You are being invited to take part in a study that is being conducted by a PhD student at the University of Bristol. Before you decide whether to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and to talk about it with others (e.g. family or friends) if you want. Please ask if anything is not clear or if you would like more information before you decide.</p> <p data-bbox="1447 1145 1774 1169">Study contact: Alison Gregory</p> <div data-bbox="1447 1193 1637 1219" data-label="Image"> </div> <p data-bbox="1447 1238 1796 1262">✉ alison.gregory@bristol.ac.uk</p>
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<p>What is the purpose of the study?</p> <p>Most women who experience domestic abuse (from a partner or a family member) will talk about their situation with people close to them, and can find this really helpful. However, we don't know what the impact is for the friends and relatives who find themselves in this position. The purpose of this research is to explore what roles these people take, and what the impacts might be. The research also hopes to find out whether local services have been useful in providing support to the friends and family members of women experiencing domestic abuse.</p> <p>Why have I been invited to take part?</p> <p>You have been invited because you phoned the researcher after having heard about the study, and because you are over 16 years old and have a female friend or family member who is, or has been, in an abusive relationship.</p> <p>Do I have to take part?</p> <p>No, it is completely up to you to decide whether or not to take part. If you do decide to take part, the researcher will ask you to sign a consent form and she will give you a copy of this. However, even after you have signed the consent form, you are still free to change your mind and say that you don't want to continue at any time without giving a reason.</p>	<p>What happens if I agree to take part?</p> <p>If you decide to take part in the study, the researcher will arrange a time and place to meet with you (this will not be in your own home, but your travel expenses will be paid). At this appointment, the researcher will carry out an interview, asking questions about your experiences and listening carefully to your answers. The research interview will be recorded on a digital recorder, and will last no longer than 90 minutes. You will be given a £10 gift voucher to say 'thank you' for taking part.</p> <p>What are the possible disadvantages of taking part?</p> <p>You may find it difficult or upsetting to talk about some of your experiences, though it is up to you to decide what to share and you don't have to answer any questions you don't feel comfortable with.</p> <p>What are the possible benefits of taking part?</p> <p>Taking part in the study means that you will help us to find out what the impacts are on friends and family members of women experiencing domestic abuse. It is important that we have this information in order to create services that are helpful.</p>	<p>Will my taking part in the study be kept confidential?</p> <p>All information that is collected from you during the research will be kept strictly confidential, and will be used only for the purposes of this study. The only exception to this confidentiality will be if you disclose information which suggests a serious risk of safety to any person (including yourself). The researcher has a legal obligation to share information with other agencies if she thinks that the safety of a child is at risk. If this happens she would discuss it with you first.</p> <p>The digital recording and the typed up report of the interview will be anonymised and stored securely at the University. Your name and any personal details will not be passed to anyone outside of the study. The reports and presentations from the study will include some quotations from the interviews – these will be anonymous, and it will not be possible to link them to you.</p> <p>At the end of the study, the data from your interview will be stored for 10 years in a secure facility at the University of Bristol.</p> <p>What will happen to the results of the research study?</p> <p>The information from all the interviews will be analysed, and the results will be published both in the researcher's PhD thesis and in professional journals.</p>
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Appendix 20 – Qualitative interviews: participant confirmation letter



[Participant's name]

[Address 1]

[Address 2]

[Address 3]

[Address 4]

[Date of letter]

Alison Gregory
Centre of Academic Primary Care
School of Social and Community Medicine
39 Whatley Rd
Clifton
BS8 2PS

Tel: 07717 000746
e-mail: alison.gregory@bristol.ac.uk



Dear *[Participant's name]*,

On the outside looking in: the shared burden of domestic violence

During our phone call on *[Day]* we talked about whether or not you'd like to take part in a study looking at the impact on the friends and family members of women experiencing domestic violence.

Following that, I am sending you an information sheet and a consent form for you to read and to think about. Feel free to share this information with friends and family members if you wish, and to contact me (telephone and e-mail details at top of letter) if anything is not clear, or if you have any questions about the information I have sent.

When we spoke, we arranged to meet for the research interview as follows:

Date: *[Day & Date]*

Time: *[Time]*

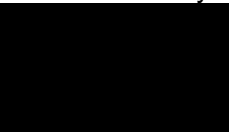
Location: *[Building and address]*

I have included a map which shows where the building is. When you arrive, please let the receptionist know that you have an appointment with Alison Gregory.

If you change your mind about taking part in the study, or if you are unable to make the appointment, please let me know as soon as you can by telephone or e-mail.

Thank you and I look forward to meeting you.

Yours sincerely



Alison Gregory
PhD Student

Appendix 21 – Participant stories^a

Emily

Emily was a white woman in her mid-30s, who had a very confident and professional manner. She was a single mum to a daughter, Rebecca, in her late teens. Rebecca had been in an abusive relationship which had ended eighteen months before I met with Emily, as a result of which Emily had started volunteering with a DVA organisation involved in educating others about abuse and women's rights. Rebecca's relationship, with a man five years her senior, had lasted for six months, and initially she had tried to keep the relationship secret from her mum. Rebecca's behaviour changed, and when challenged about her relationship by Emily, she ran away from home for a few days. Whilst Emily had had concerns throughout about the relationship, it was only when it ended and the police were involved because Rebecca had been physically assaulted with a heavy object and left unconscious in a bath, that Emily found out the extent of the emotional, controlling, isolating and physical violence that her daughter had suffered. Emily described a '*horrific*' time of feeling completely unable to protect her daughter, and spoke of the ripple out effect on all members of the family, and the longevity of impacts on herself. Having described this as the first experience she had had of DVA in those around her, she subsequently acknowledged that emotional and psychological abuse had been present in her parents' relationship, and also that there had been coercive control in her relationship with Emily's father.

Sally & Eric

Sally and Eric were a white retired couple in their early 70s who had chosen to spend their retirement abroad. In different ways they were both quite fragile; for Eric this hid under a cover of straight talking and anger, whilst for Sally her emotion was barely disguised and readily accessed. When I spoke with them they were back in the UK to provide childcare for their only daughter, Amanda, who had left an abusive relationship two years previously. Amanda had three children, one by her first husband and two by her second husband, who was the perpetrator. Sally and Eric had had a difficult relationship with the perpetrator from the outset, who had behaved abusively towards them and their grandchildren as well as towards Amanda.

^a All names used are pseudonyms that participants chose, and any particularly unique characteristics have been changed or omitted.

had experienced from her ex-husband because she had chosen not to disclose much to them, and had, for a two year period during the relationship, distanced herself from them completely with no contact at all. Sally and Eric's relationship with Amanda had resumed at the end of the abusive relationship, and when I spoke to them, they had recently made the decision to move back to the UK permanently. They felt that by doing this that they could better support Amanda, particularly because the injunction against their ex-son-in-law had just ended, but also that it would help them both to cope better than they had, being previously at such a distance. It was clear that the effects on Sally and Eric had been devastating and had persisted, with both displaying emotion and weeping in their separate interviews as they recounted events and experiences. As mentioned in Section 5.2 of Chapter 5, since Sally and Eric both knew that each other was taking part in the study, we had discussions about reduction in anonymity, and decided that since their narratives added to one another, that they would be recognised in the findings as a couple rather than as two separate individuals.

Anne

Anne was a white woman in her late 30s on maternity leave having recently given birth to her second child. Whilst engaging in the interview and expressing her desire to take part, Anne was quite quiet and was clearly being protective of herself in terms of what she shared. She had two friends who had been subject to abuse within intimate relationships – Sarah who she got to know ten years before, following the funeral of a mutual friend, and Clare a friend she had made at university. Anne identified herself as a survivor, having been through an abusive relationship around the same time that the abuse in Clare's relationship began, and had subsequently become a volunteer with a DVA agency in her local area. The abuse in Sarah's relationship was eight years previously for a period of about a year, and had been very physical, with alcohol and substance abuse as central features. Sarah had since died, but this was after she had left the relationship and not as a result of homicide. Clare remained in an abusive relationship with her partner, which had started four years prior to the interview, and involved predominantly emotional and controlling behaviours. Anne found it difficult that Clare was choosing to stay in the relationship particularly because she herself had chosen to leave in similar circumstances. She remained in touch with Clare, though the relationship had altered as Anne sought to make sure she was not too closely involved in the situation.

Ben

Ben was a white man in his late thirties who worked full-time, and who had in the past eighteen months started a relationship with Laura, who had previously been in an abusive marriage. He struck me as a fairly laid back person, though his nerves around the interview and what he was sharing came through. He and Laura were living together and had recently found out that they were expecting a baby. Laura had previously been married for sixteen years to an abusive partner and had ended the relationship over a twelve month period about six months prior to meeting Ben. She had started the relationship with her ex-husband in her teens and there had been a bit of an age-gap between Laura and her ex. Laura had experienced control, fear and sexual violence within her relationship, and she had been very open with Ben about the abuse, although Laura and Ben's views on it, particularly the sexual abuse, differed. With encouragement, Laura had reported a rape to the police, but unfortunately they felt it was too long after the incident to pursue it further. After selling the house that Laura had shared with her ex, she had had no further contact with him. When I met Ben, he was beginning to think that he would like to somehow take an active role against DVA, and he very much saw the taking part in the interview as a first step in this.

Gwen

Gwen was a white married woman in her early thirties, working in the area of DVA awareness and prevention. She was clearly a confident person, and her assertiveness shone through as she steered me away from questions that she found too painful to answer about her sister's experience. Her sister, Helen, who was a couple of years older than her, had been in two abusive relationships; one during her teenage years with a much older man who had been emotionally abusive, and a second that had lasted for six years with a man who had been emotionally, physically, sexually and financially abusive. The second relationship had ended twelve months prior to the interview, although Helen and her ex-partner had had a daughter together, so ongoing contact had been unavoidable, and thus some forms of control and abuse had continued. Gwen described her sister as *closed* about the details of the DVA, and whilst she and the rest of her family had been struck by Helen's unusual and inexplicable behaviour during both of the relationships, it was not until Gwen began working in the DVA field that the pieces fell into place and she understood what her sister was experiencing. Gwen described with sadness that there had been times when her relationship with Helen had been difficult, in particular, an eighteen month period when they had not spoken. Since then, they have re-

established their relationship and have become very close, with Gwen seeing her sister and niece several times a week.

Barry

Barry was a retired white man in his early 70s who was a great-granddad, and who came across in the interview as humorous and resilient. At the time of interview, he was living alone in sheltered accommodation near to his daughter and her children; his daughter Penny had had five children, three of whom were in their late teens or early twenties and living independently, and two of whom were aged under five and were living with her ex-husband, the perpetrator, whilst she fought through the courts for access/custody. The marriage had ended two years previously after Penny took an overdose, was sectioned under the Mental Health Act and was involuntarily detained in a mental health unit for about six months; the post-traumatic stress she was experiencing from the abuse within the relationship had initially been diagnosed as borderline personality disorder, until Penny began to disclose the abuse. Barry had noticed during Penny's five year relationship with the perpetrator that she was distancing herself from him, but had assumed that there must have been something he had done wrong, until a friend who worked in an allied field and who had knowledge about DVA was able to illuminate the situation for him and offer some advice. Barry was able to maintain a level of loose contact during this period, and since her discharge from hospital, Penny and he have been able to resume their *good friendship* seeing each other weekly. Barry knew very little of what had actually taken place in Penny's relationship, and believed that this was to be expected in a father-daughter relationship.

Daisy

Daisy, a married white woman in her mid-thirties worked full-time and, as part of her role, had become involved in supporting survivors of DVA. She was chatty and bubbly, and whilst sharing her experiences she allowed herself to really engage with the feelings it brought up. Daisy spoke of two friends who had been in abusive relationships, and also briefly discussed the abuse her mother-in-law had experienced. Daisy talked mostly about her friend Jane, who she had been best friends with in secondary school, and had since become godmother to Jane's children. Jane had started the relationship with the perpetrator when she was sixteen and soon fell pregnant with the first of four children with him. Their relationship lasted for about nine years during which Jane endured extreme physical and sexual violence, in addition to emotional abuse, and financial and coercive control.

During the time that Jane was in the abusive relationship, Daisy knew she disliked the perpetrator and was aware of some unhealthy relationship dynamics, but did not know about the physical and sexual violence until much nearer the end. Jane ended the relationship seven years before I spoke with Daisy, when the bailiffs turned up because her partner had not been paying the rent. His controlling and manipulative behaviour towards her and the children has continued. Daisy's friendship with Jane had evolved into something that looked more like a counsellor role. The second friendship that Daisy mentioned was with Janet, who experienced physical violence from the partner that she lived with on a regular, alcohol-fuelled, basis. Janet would arrive injured on the doorstep of Daisy's parents' home on Saturday evenings, until Daisy asked Janet to desist, and their relationship drifted. Janet ended the relationship with her partner when he refused to let her access veterinary care for her pet.

Josie

Josie was a self-employed woman with dual ethnicity, who was a single mum to a young daughter. Josie seemed very young for her age, and was a woman of few words, as if holding her experiences at arms' length. Josie had started up a close friendship with Dee when they met on a training course together two years before. At their first meeting, Dee had been very open about the fact that she had six months ago fled back to the UK to escape from her abusive husband, and was at that time living in refuge whilst the council sorted out more permanent accommodation for her and her son. Dee had been married for about eight years to a man who had become a drug-user, and who had started physically assaulting her. Josie knew few details of the DVA because she and Dee were rarely alone to speak about it; they were either at the course together or had their children with them. Dee had continued to have some contact with her husband because of their son. Josie had a second friend, Kristen, who she had reconnected with six years before, who had, when they re-established their friendship been in two relationships with abusive partners, one who was physically abusive and the other who was psychologically abusive. In addition, Josie's aunt had experienced violence and abuse from both of her husbands which Josie had found out about, as an adult, through other family members. Josie described remaining shocked at each successive disclosure from the people she knew, because she felt that all three were strong women, and her ideas about who abuse happens to were being challenged.

Vicky

Vicky, a single white working woman in her mid-40s, came across in the interview as very confident and eloquent, with a strong sense of responsibility for other people, and a fervent desire to give as comprehensive and detailed an account of her experiences as possible. Vicky had developed a supportive relationship with a colleague, Polly, who worked in the same team as her. Polly was a vulnerable older woman who entered into a relationship with a man who was viciously abusive towards her. The abuse was physical, sexual, emotional, and financial, becoming progressively worse over time. Polly's death three years prior to the interview, was not at her partner's hands, although Vicky felt very strongly that it had been a consequence of the DVA within the relationship. Vicky had suspected the relationship as unhealthy from the outset, and when Polly began to arrive at work with bruises and other visible injuries, her fears were confirmed. Polly was unwilling for a long while to disclose what was happening to her, but when it reached the point where her job was under threat, she confided in Vicky. Over a period of time Polly revealed DVA that was akin to systematic torture, and Vicky worked with her to try to encourage and instigate safety planning and a permanent exit from the relationship. When Polly died, it was Vicky who sorted out the funeral arrangements and prepared and read the eulogy; Polly's family were interested only in the financial gain from her death. In spite of being the person who knew most about the abuse Polly had suffered, the police and legal systems had not sought Vicky's testimony in relation to a potential prosecution of the perpetrator.

Zakia

Zakia was a married Asian woman in her mid-30s, who worked in a field where there was some overlap with issues of DVA. Zakia, on the basis of her knowledge, experience and compassion was a *go-to* person within her community and, as such, knew of several women who had been in abusive relationships. Zakia had met Aamna briefly about seven years previously when in a volunteer role, and about a year later when they met again Zakia's heart was moved as Aamna shared her story. Aamna had been filing for divorce from her husband when she discovered she was pregnant. Her family had encouraged her to try to make the relationship work, so she returned to her husband and her in-laws who all continued their financial abuse, manipulation and control. When Aamna gave birth to her daughter, her husband and his family abandoned her completely, leaving her at the hospital with absolutely nothing, and because she was not a British citizen, social services initially

turned her away even though she arrived having just given birth, with her baby wrapped in towels. They rescinded, and with support Aamna was able to connect with a specialist DVA agency in the area where Zakia lived. Zakia and Aamna grew close, and their relationship became almost familial for a time. When Aamna later moved away, the relationship gradually drifted and they lost touch. Later Zakia found out that Aamna had not been entirely honest with her, particularly about the help and support she was also receiving from others; this left Zakia feeling hurt, and somewhat reluctant to engage so willingly with future requests for help.

Stacey

Stacey, a white woman in her early 50s, was a full time student who had herself recently ended her marriage after recognising the abuse within it. She showed apprehension about the interview and was rather diffident initially, but when speaking about her relationship with friend Hannah, expressed fierce loyalty, and a real desire that I should see Hannah through her descriptions. Stacey and Hannah had been friends for over twenty years, and despite Stacey having moved away from her home country, they had remained in close contact, with weekly communication. Following the breakdown of her first marriage, Hannah had started a pen pal relationship with a violent prisoner. Their relationship progressed and they got married seven years before the interview took place. As a result of this relationship, Hannah had lost most of her friends and had lost custody of her children to her ex-husband. Despite being in prison, the perpetrator managed to exercise considerable control and manipulation, and had even managed to physically hurt her during the three second hug that prisoners are allowed with their spouses. When Stacey and I spoke, Hannah remained in the relationship and was awaiting her husband's release. Stacey had huge concerns about the future of the relationship and the danger that Hannah was in, and due to competing priorities in her own life at the point of interview, was choosing to carefully regulate her communications with Hannah.

Ruth

Ruth was a white married woman in her mid-50s, working full-time. Ruth was very articulate and her huge sense of compassion was very evident. She had developed a supportive role in the life of her younger colleague, after Rachel had taken Ruth into her confidence and disclosed abuse by her father. The sexual abuse had started in her very early childhood and the rapes had continued until she left home soon after she was sixteen. Rachel had had no further contact with her father, but had re-established a relationship with her mother after her parents' relationship had broken down.

Although the abuse would be largely considered *child abuse* by definition, it continued beyond Rachel turning sixteen, so it also met the *domestic violence and abuse* definition for this study, and has thus been included. Ruth and Rachel had had very little contact at work until Rachel collapsed one day, and at this point Ruth took Rachel under her wing and a trusting, almost maternal, relationship developed in which Rachel felt able to divulge not only the abuse, but also the physical and mental health impacts that were continuing. A lot of their communication was via e-mail and Ruth described a period of six months when she would receive six or seven detailed e-mails every evening. Theirs was a friendship that developed out of adversity, and as such was rather one-sided, although Ruth was clear that it had been her privilege to be able to hear Rachel's story, provide her with support and see her grow.

Kate

Kate was a white woman in her early 50s, living with her female partner and working part-time. Kate presented as fairly self-assured, and yet I got the impression that she was actually relatively shy and uncertain of herself. Kate was a DVA survivor, having experienced physical abuse from her husband when she was in her early 20s, and though she had had friendships with others who had experienced partner violence historically, she described the concern she had had about engaging with her friend Norma who had disclosed *current* abuse several years previously. Kate and Norma had met about ten years before the interview as part of a very sociable friendship group, and whilst bruising around Norma's eye had aroused Kate's suspicion, it was not until Norma disclosed that her boyfriend sometimes hurt her, that Kate felt sure of the situation. Norma was reluctant to leave the relationship, and Kate had been hesitant about getting overly involved, in part because it brought back difficult memories from her own history. Kate's friendship with Norma drifted when the social group that they were part of largely disbanded, as people within it began new relationships or moved geographically; Kate had not seen Norma for five years but had heard through a mutual acquaintance that Norma was no longer in the abusive relationship. Kate had continued to struggle with feelings of guilt; believing that she had not done enough to support Norma in the situation.

Jenna

Jenna was a married white woman in her late 40s who due to illness had had to reduce her working, studying and volunteering in a field related to DVA. Jenna was very open about being a survivor of rape that had happened in her 20s, and came across as a very honest and pragmatic person. Jenna

spoke of two abusive relationships that her sister Cerys had been in. The first had started when the perpetrator was in prison. After his release, Cerys became pregnant immediately, and having been told previously that she was sterile, decided to continue the relationship in spite of his problems with drugs and alcohol. The relationship ended when he badly assaulted her whilst she was holding her then eleven-month old daughter. The police were unable to take action because the perpetrator had turned Queen's evidence.^b The second perpetrator was a member of Jenna's family-in-law. Cerys had ignored the advice given by Jenna and her husband to steer clear of the perpetrator, and had had a nine month relationship with him, during which she experienced control and manipulation, and it ended when her daughter disclosed that the perpetrator was sexually abusing her. In both cases, Jenna had disliked her sister's partners, but the abuse had only become known when the relationships finished. Jenna expressed regret that as a result of the partnerships her sister had been in, her own relationship with Cerys had become irreparably strained.

Louise

Louise, a white woman in her early 40s, worked full-time in a job that gave her some insight into the issue of domestic violence and abuse. It was apparent that she was very knowledgeable and that she had worked hard to apply this with wisdom in a way that respected her friend, Beth's, decisions about leaving her marriage. Louise had known Beth for almost thirty years and had had a very close friendship with her for most of that time. Beth had been married to her second husband for about eight years, though the relationship had started sometime before this, and they had two children together. Louise had spent little time with Beth's husband but had recognised that he had a *nasty edge* to him. The extent of the physical, psychological, emotional and financial abuse had only been disclosed by Beth a year prior to the interview, whilst away on a girls' weekend. Louise was incredibly surprised that Beth had felt unable to share this information earlier. Encouraged by her friends and family, Beth decided to leave the relationship but took several months to plan and execute her exit strategy, much to the discomfort of those around her. When prompted, Louise mentioned that the relationship between her own parents had been aggressive, and that as a result of her father's hostile behaviour towards her, she no longer had contact with him.

^b To turn Queen's evidence is for an accused or convicted criminal to testify as a witness against his associates or accomplices. The witness may be offered immunity from prosecution even if they themselves have committed serious crimes, and they may also be offered a place in a witness protection program, giving them a new identity so they need not fear retaliation from their former accomplices.

Heather

Heather was a single white woman in her late 40s who was a full-time undergraduate student. Her eagerness to contribute came across in the interview, and she was very forthcoming and amenable. During assignments in her degree she had revealed her own history as a DVA survivor and, as a result, two women at different times had since disclosed the abuse within their own relationships. Heather had gone on to develop close friendships with Jude and Lucy, which had deepened and become mutually supportive. Jude had been in a relationship with a physically and sexually abusive older man who exerted control over every area of her life for about six years. They had had a daughter together and though the relationship had ended around four years prior to the interview, there were on-going legal wrangles. Lucy's relationship had started during the time Heather had known her and although suspicious of the perpetrator, because he had recently been released from prison and Lucy's children were wary of him, it was not until Lucy was badly beaten up a few months before the interview that Heather fully appreciated the extent of the abuse. The relationship ended when Lucy recorded the perpetrator threatening to kill her and got the police involved. Heather's own history had included years of mental, physical, sexual and financial abuse from her ex-husband, a relationship she had eventually felt able to leave after challenge from her teenage daughter. Heather described the gains in terms of non-judgement, empathy and understanding within her relationships with Jude and Lucy.

Lily

Lily, a white woman in her early 40s, worked full-time and had recently become engaged. Lily had a daughter from her previous marriage to an alcoholic who had been abusive, and she also alluded to an earlier relationship where there had been violence. In addition, she had witnessed DVA between her parents during childhood and had herself been victim to her father's tyrannical and fear-provoking behaviour. Resulting from experiences in her own history, Lily had chosen to work for agencies supporting survivors for a number of years. In the interview, Lily was very chatty and very open about her experiences and feelings. She and Maria had been friends since their twenties when they had shared accommodation and socialised together. Maria then met a man whom she dated briefly, and chose to get back together with when she discovered she was pregnant. Lily had misgivings about Maria's partner because beneath his social veneer he seemed smarmy and unreliable, and eventually the perpetrator prevented Maria from having any contact with Lily. Through chance meetings Maria gradually revealed the abuse she had experienced, including the

perpetrator having held a knife to their son's throat, threatening to kill him. Lily spoke of the difficulties in maintaining her friendship with Maria whilst she remained in the abusive relationship, though since Maria left her partner five years prior to the interview, a lot of repair work had been done, and the friendship had regained its closeness.

Mark

Mark, a white man in his early 40s working full-time, had met his wife, Nicky, about seven years ago. Mark struck me as a man to whom detail mattered, and who was not prepared to speculate about things he did not fully know. He flagged up his reluctance to access his feelings at the outset, giving me permission to probe as necessary, which I did, resulting in him being close to tears on several occasions. Eight months prior to meeting Mark, Nicky had ended the abusive relationship with her ex-partner who she had been together with for eight years. At the time of the interview, contact with the perpetrator was still on-going because they had had a daughter together, and were engaged in a lengthy and protracted custody battle as Nicky's ex sought to continue his controlling behaviour. Nicky had experienced predominantly emotional and psychological abuse, with some physical violence too. Her ex-partner had had issues with drink and drugs, and the relationship ended when he kicked the door down following a cocaine binge. Together Mark and Nicky had struggled to make sense of the perpetrator's past behaviour and also the harassment, control, manipulation and verbal abuse that had continued. Having not experienced anything like this before, Mark sought answers and had eventually recognised the abuse as DVA, which then illuminated things for Nicky. The on-going legal situation around child access was clearly taking its toll, with Mark having stepped into the breach to take on the main role as point of contact, in order to protect Nicky. They had made many life changes to try to exclude the perpetrator from their lives, but Mark still had concerns for the potential of harm to his wife and children. Their relationship, though close, was being tested.

Eve

Eve was a white married woman in her early eighties. She was still working a few hours a week and her main career had been in a field that gave her some insight into domestic violence and abuse. Eve was a very dignified and measured person who presented her experiences in a balanced way. Considering that her daughter's marriage to the perpetrator had finished more than fifteen years prior to the interview, she had a good memory for the detail. Her daughter, Sophie, had married quite young to a man who was a few years older. Their relationship lasted ten years and they had had

a daughter together. During this time Eve and her husband had a sense that things were not really adding up and sometimes the perpetrator behaved strangely or inconsistently towards them, but it was when they went on holiday with their daughter's family and saw how hard their ex-son-in-law was on their granddaughter that alarm bells rang. Straight after, Sophie and her daughter came to live with Eve, and it was then that Sophie began to disclose the large amount of physical violence she had suffered, particularly during her pregnancy. At this point, Eve made the connection between the periods of time when they had not seen Sophie in person and the assaults. Sophie and Annabel stayed in Eve's home for two years whilst making all the legal arrangements for divorce and child access, which Eve and her husband enjoyed, although initially it did bring them into a lot of contact with the perpetrator when he came to collect Annabel. Eve was certain that without the space and resources they had had, that managing the aftermath would have been a great deal more difficult.

Richard

Richard, a white man in his mid-fifties, working full-time, was somewhat distant and struggled at times during the interview to pinpoint the thoughts and feelings that *he* was having regarding the situation between his partner and her ex-husband. He had originally met his partner, Judy, through a car-sharing scheme four years before the interview, and having stayed in touch they re-established their friendship a couple of years later, around the time she was moving out of the home she had shared with her ex-husband and children. Richard and Judy had since started a relationship, and Richard had invited Judy to come and live with him six months ago. Judy had met her ex-husband in her home country and they had been married for about twelve years and had two children together. There had been abuse and control throughout the relationship, though Richard knew little of what this involved, which escalated when Judy's husband wanted to move back to the UK. A couple of years after moving, Judy had an accident which meant that she, as the main wage-earner, was unable to work, and their finances were put under pressure. They divorced, but for the sake of their children Judy remained living with her ex-husband until eighteen months prior to the interview when she finally left without her son and daughter. Judy had begun to access support and had recently recognised her marriage as abusive. Relentless court battles were continuing at the time of interview, with Richard supporting Judy as she tried to gain greater access to her children.

Suzie

Suzie was a white married woman in her early 50s, working full-time, and with four children in their twenties and early thirties. From the training for her job, she had some knowledge of DVA. Suzie was communicative and thoughtful in her responses, and readily able to access feelings attached to forgotten memories that surfaced. Suzie described a fourteen year period during which her relationship with her eldest daughter, Anna, was put under immense strain. During her early teens, Anna had fallen in with a crowd people who took drugs and were often involved with the police. As part of this scene, Anna had started a relationship with an abusive partner and had become pregnant at sixteen. This relationship lasted a further three years, and then in her mid-twenties Anna had entered a subsequent abusive relationship with the father of her second daughter. This relationship lasted four years and ended three and a half years prior to interview when Anna's youngest daughter was taken into care. Suzie knew little of what had happened to Anna during these relationships because Anna had increasingly spent more time away from home, was living a chaotic lifestyle due to her drug use and only really communicated with her parents when she needed financial help. On one occasion, Suzie's younger daughter had witnessed a violent incident, and on another Suzie had seen Anna with bruising indicative of abuse. In addition, whilst clearing a flat for Anna, she had seen related paperwork from the police and social services with information which shocked her. Suzie described the real struggle she had had working out what to do to best support Anna in such a complex situation. Anna and Suzie are now rebuilding their relationship, although Anna chooses to keep to herself the details about that period of time.

Audrey

Audrey, a single white woman in her mid-twenties was working full-time and volunteering alongside this for a DVA agency. Whilst a knowledgeable and passionate woman, who was keen to contribute, Audrey seemed reticent to focus on herself in the picture she described. Audrey had been friends with Jillian for five years, having met her through her partner. They quickly developed a close friendship, and it was Jillian no longer socialising with her friends after starting a new relationship that began to concern Audrey. The relationship lasted for a year and finished two and a half years before the interview, when Jillian decided she no longer wanted to put up with her partner's behaviour. The abuse was largely emotionally, psychological and controlling, and on occasion Jillian's partner would strand her, telling her to leave his house that was in a remote location in the middle of

the night without transport or finances to get home. Audrey and Jillian's friendship was a very open one and Jillian had disclosed these events at the time to Audrey. Audrey felt that her volunteering work and her own past experience of witnessing physical violence for five years during her childhood, from her step-dad towards her mother, had helped her to respond well to her friend's disclosures. She's also used her knowledge to inform others in their friendship group about the dynamics of the situation.

Appendix 22 – Transcriber guidelines

Transcription guidelines

General points:

- At the top of each transcript add the OTO reference number
- Calibri font, size 11
- 1.15 spacing between text with 10pt after (for start of new speaker)
- Note the interviewer as 'A' and the interviewee as 'R' (enter a tab between the denoting letter and the text)
- Start each turn/talk on a new line

Interrupted speech	End speaker 1's speech with a dash and restart it with a dash, for example:- R I just find it, well, heartbreaking- A Yeah R -because she wouldn't speak to us for two years
Overlapping speech	Use square brackets, for example:- A Well I was just wondering how that... [made you feel?] R [It was incredibly] hard at the beginning
Reported speech	Use speech marks, for example:- R... he said, "Well I don't think so"
Non speech sounds	Add in parentheses, for example:- (laughs) and (telephone rings)
Pauses in speech	(1) If under 2 seconds mark with three stops, for example:- R I was , really I was...hurt (2) If longer than 2 seconds mark time in brackets, for example:- R I hated to see her (3s), to see her that way
Mispronounced words or colloquialisms	Leave as said, for example:- 'kinda' and 'cos'
Repetitions and 'fillers'	Include in the transcript as far as possible For example:- 'hmm' and 'um'
Names/places/dates	Leave in for anonymisation post-transcription
Incomprehensible speech	Note in square brackets: [~~]
Cut-off or truncated words	End with a dash, for example:- R he wen-, he went off

Appendix 23 – Full list of codes for qualitative interviews

Themes & subthemes	
Description of relationship between network member & survivor	
Description of the abusive relationship	
<i>End of DV relationship</i>	
<i>Survivor 'turning points'</i>	
<i>Impacts of DV on the survivor</i>	
<i>Perpetrator behaviour</i>	
<i>Precursors to DV</i>	
<i>Start of DV relationship</i>	
<i>Survivor behaviour and choices</i>	
Impact on friends and family	
<i>Direct impact from perpetrator</i>	
<i>Aggression</i>	
<i>Arguments - rules to be obeyed_punished_ignored_bellittled</i>	
<i>Being 'used' by perpetrator</i>	
<i>Having contact with perpetrator</i>	
<i>Indirect impact</i>	
<i>Stealing from network members</i>	
<i>Threats and intimidation</i>	
<i>Verbal abuse</i>	
<i>Violence</i>	
<i>Impact on others (other network members)</i>	
<i>Impact on thinking</i>	
<i>Pervasive thoughts</i>	
<i>Physical health impacts</i>	
<i>Feeling sick_physically unsettled</i>	
<i>Impact on eating</i>	
<i>New health problems</i>	
<i>Physically tired</i>	
<i>Sleep problems</i>	
<i>Worsening of existing conditions</i>	
<i>Positive_beneficial impacts</i>	
<i>Practical impacts</i>	
<i>Arrangements following death</i>	
<i>Attending appointments with survivor</i>	
<i>Changing plans</i>	
<i>Childcare</i>	
<i>Competing priorities</i>	
<i>Encouraging survivor</i>	
<i>Financial implications</i>	
<i>Helping survivor to set up home</i>	
<i>Information source</i>	
<i>Interaction with other network members</i>	
<i>Intervening between perpetrator & survivor</i>	
<i>Legal & court support</i>	
<i>Making recommendations</i>	
<i>Making self available</i>	
<i>Moving house</i>	
<i>Name responding</i>	
<i>Paperwork (non legal)</i>	
<i>Providing accommodation & hospitality</i>	
<i>Providing comfort</i>	
<i>Reassurance</i>	
	Impact on friends and family (cont...)
	<i>Safety checking</i>
	<i>Saving evidence</i>
	<i>Seeking help on behalf of survivor</i>
	<i>Sounding board_challenge_reality check</i>
	<i>Staying in touch</i>
	<i>Straight talking</i>
	<i>Time</i>
	<i>Transport</i>
	<i>Treading carefully with survivor</i>
	<i>Trouble shooting</i>
	<i>Trying to seek outside support</i>
	<i>Volunteering info about own past DV history</i>
	<i>Work</i>
	Psychological and emotional impacts
	<i>Anger</i>
	<i>Anxious_nervous_discomfort</i>
	<i>Challenges to core beliefs & values</i>
	<i>Confusion & uncertainty about situation</i>
	<i>Disappointment</i>
	<i>Dissonance & inner conflict</i>
	<i>Distress</i>
	<i>Draining & emotionally exhausting</i>
	<i>Embarrassment</i>
	<i>Feeling powerless_voiceless</i>
	<i>Feeling saturated_overwhelmed_@breaking pt</i>
	<i>Frustration_annoyance</i>
	<i>Guilt, blame & beratement</i>
	<i>Heartbroken</i>
	<i>Hopelessness and despondency</i>
	<i>Isolation_rejection_ignored</i>
	<i>Limitations on freedom</i>
	<i>Loss</i>
	<i>Memory impacted</i>
	<i>Mirroring of survivor's journey</i>
	<i>Numb_blank</i>
	<i>Overattachment</i>
	<i>Panic</i>
	<i>PTSD</i>
	<i>Reviving difficult memories</i>
	<i>Sadness and depression</i>
	<i>Scared & fearful</i>
	<i>Sense of injustice</i>
	<i>Sense of responsibility</i>
	<i>Shock_horried</i>
	<i>Stress</i>
	<i>Upsetting_hurt_betrayal_resentment</i>
	<i>Witnessing violence or subsequent injuries</i>
	<i>Worry</i>
	Relationship impacts
	<i>Relationship impacts - between NM & survivor</i>
	<i>Communication</i>
	<i>Relationship impacts - between NM & others</i>

Involvement with agencies
<i>Council re housing</i>
<i>Courts re child access or injunctions</i>
<i>CSA</i>
<i>DV related agencies</i>
<i>Health</i>
<i>Home Office</i>
<i>Media</i>
<i>Police</i>
<i>Prison</i>
<i>Relate</i>
<i>Social Services</i>
Knowledge and information about DV
<i>Eyes being opened</i>
<i>Network members' definitions & assumptions about DV</i>
<i>Gaining knowledge and information about DV situations</i>
<i>Prior experience or knowledge about DV</i>
<i>Own DV history</i>
Methods of coping with situation
<i>Abandoning activities</i>
<i>Acceptance</i>
<i>Activism & ideas of justice</i>
<i>Adopting professional stance and boundaries</i>
<i>Alcohol</i>
<i>Assertiveness</i>
<i>Being supportive to survivor</i>
<i>Belief in ultimate justice</i>
<i>Bystander effect or collusion</i>
<i>Counsellor support</i>
<i>Denial_suppression_desensitization</i>
<i>Distractions</i>
<i>Fantasies about relationship ending</i>
<i>Feeling that survivor recognises situation_is strong or capable</i>
<i>Finding a sense of control</i>
<i>Getting on with it</i>
<i>Knowledge and experience_insight_clarity</i>
<i>Management of perpetrator</i>
<i>Medication</i>
<i>Not being alone in support provision</i>
<i>One step at a time</i>
<i>Prayer</i>
<i>Professional org support (DV agency, police etc)</i>
<i>Searching for information</i>
<i>Seeing situation in relation to other difficult life events</i>
<i>Self-care and protection</i>
<i>Standing back_distance_buffer_space</i>
<i>Sufficient resources (space, money)</i>
<i>Support from friends or family</i>
<i>Suspending judgement</i>
<i>Thinking ahead_planning</i>
<i>Thoughts and acts of retaliation</i>
<i>Timing of events</i>

Methods of coping with situation (cont...)
<i>Trying to instigate end to relationship</i>
<i>Trying to rationalise</i>
<i>Writing</i>
Research related themes
<i>Clarification and information requests</i>
<i>Defining DV</i>
<i>Interview impact</i>
<i>Method of recruitment</i>
<i>Pseudonym choosing</i>
<i>Reason for participation</i>
<i>Research process</i>
What is needed & what is missing re service provision